Quality Therapy: Cue Utilization and the Judgment of Effective Therapist Behavior

by

Mathias E. Stricherz, B.A., M.Ed.

A DISSERTATION

IN

EDUCATION

Submitted to the Graduate Faculty
of Texas Tech University in
Partial Fulfillment of
the Requirements for
the Degree of

DOCTOR OF EDUCATION

May 1976

ACKNOWLEDGMENTS

I wish to express my gratitude and appreciation to Dr. John S. Gillis for his many hours of assistance and consultation during the conceptual, implementation, and final preparation stages of this manuscript and study.

My appreciation is also extended to the other members of my committee, Dr. Arlin V. Peterson, Dr. Gerald D. Parr, and Dr. Rolf Gordhamer for their support and encouragement. Special thanks are extended to Mr. Don Beal for his assistance in the data analysis phase.

Above all, I am extremely grateful to my chairman, Dr. Owen L. Caskey, for both his assistance and encouragement in completing this research and for his positive regard towards me throughout this research and my graduate studies at Tech.

CONTENTS

ILLUSTRATIONS

TABLES

Table | Page

CHAPTER I

INTRODUCTION

There is a growing awareness that client expectations and client preferences in regard to therapist behavior are factors in the outcome of psychotherapy. While researchers have paid attention to expectation and preference in recent years, it is still not clear precisely what clients expect, anticipate, or prefer in reference to therapist attributes or qualities. While information exists about the general importance of client expectation and preference, there is little information about the specific therapist variables and behaviors that, in fact, are seen as critical to the client.

This study attempts to shed some light on the variables and behaviors that clients consider important as aspects of effective therapy. Most important, this study presents an experimental model for assessing client preferences that has heretofore not been employed in such research.

The first chapter of this study includes background material relevant to this study and a delineation of the hypotheses. The initial section reviews literature concerning the relationship of the therapist's verbal behavior and therapy style to the outcome of therapy. Following this

discussion of the more direct therapy styles, studies concerned with both the non-directive schools of therapy and subsequent areas that have resulted from the non-directive position of counseling are examined. Studies concerning client preferences for a variety of counseling techniques are then viewed. A discussion of various scales and measures used in assessing therapist style are offered. Finally, a rationale for employing Brunswik's "lens model" in this study is presented along with a description of the various hypotheses proposed for investigation.

Studies of Therapy Styles

Attempts to locate and to record significant effects of the interaction in the therapeutic process were reported as early as 1929 (Laswell). However, it was not until the 1940's that the recordings of analytical hours were put under therapeutic scrutiny (Glover 1940, Rogers 1942, Conver 1944).

Early studies concentrated on different therapist styles and involved global descriptions of the therapist-client interaction. For example, Keet (1948) divided the statements of the therapist into expressive and interpretive activity. Finesinger (1948) divided insight therapist's activity into three levels: low-moderate-marked, depending on activity ranging from repeating the client's words to forcing and probing responses in the therapist.

The verbal responses of the therapist were classified as clarifications, tentative analyses, interpretations, or urges (Carnes and Robinson 1948) and, further into the realm of feelings, clarification of feelings below the surface, and in-depth interpretations (Dittman 1952). Other attempts at specifying therapist's responses resulted in a continuum of activity level, and a multi-level analysis of activity (Collier 1953, Harway et al. 1955).

Heine (1950) reported that the clients, regardless of the type of therapy (Analytic, Client-centered, or Adlerian), tended to place high value on certain components of the therapeutic interaction. Clients rated the following therapist behaviors as essential: the ability to inspire the client's trust, the ability to make the client feel understood, the ability to help the client maintain his or her own sense of independence, and most important, the ability to clarify and restate opaque feelings that the client was only slightly realizing. Several therapist activities were seen as not helpful: lack of interest in the client's personal needs, distance, an over-sympathetic attitude, and direct advice-giving.

Strupp (1957) advanced earlier attempts by posing eight categories of therapist activity: (1) facilitating communication (silence, passive acceptance); (2) exploratory operations (simple questions and probes); (3) clarifications (interpretations, reflection of feelings, summaries);

(4) interpretation operations (analysis of defenses, reality model, assertions of patient's rights); (5) structuring discussions of therapy, describing tasks of therapy); (6) direct guidance (suggestions of activity outside and inside of therapy, "therapist as expert"); (7) activities not relevant to the task of therapy (small talk, endings, summaries); and (8) unclassifiable. These categories were measured directly from the verbal content of the therapist's communication with the client. Strupp later (1960) utilized a revision of the early content analysis scale and noted that experienced therapists asked fewer questions, gave more interpretative statements of an inferential nature, and tended to portray more warmth than less experienced therapists.

Others have studied the effects of therapist activity level in the dyadic encounter. Small (1971) described therapist activity as originally intended to distinguish the active participation of the therapist with the passive and somewhat neutral demeanor found in the activity of the psychoanalyst. Baum and Felzer (1964) found that ideal therapist activity in early sessions usually resulted in a worthwhile therapeutic relationship, and that therapist activity is important in the treatment of clientele from low socioeconomic groups. These groups have been found to be extremely literal in their expectations of therapists, i.e., they expect an interaction to be moving and somewhat reciprocal. Others have found that upper levels of therapist

activity appear to be essential in the successful treatment of depressed college students (Gross 1968) and that the amount of activity seemed to be the factor responsible for response or non-response to treatment (Avnet 1965), i.e., increased activity results in increased response. Some theorists have discussed therapist activity as a unique component to each school of psychotherapy, and that certain activities and strategies are indicated in treating a variety of maladies presented in therapy (Moreno 1946, Perls 1969, Haley 1963).

Comparative Studies

Baker (1960) in investigating the different effects of a leading and reflecting style of therapy, speculated that the leading therapies introduce elements not in the client's present awareness, whereas the reflective therapist deals with feelings and thought that are in the client's phenomenological field. The strategies of Miller and Dollard, the Fromm-Reichians, Horney, and the Neo-Freudians exemplify leading activity therapist styles. The Rogerians use primarily reflective activity. Verbal behavior for a "leading" therapist includes directive leads, direct structuring, approval and reassurances, advice, information, persuasion, and interpretations. The reflective therapist utilizes a restatement of content and a clarification of feelings. In testing various hypotheses, Baker concluded that leading

therapy is effective in reducing personal over generalizations, while reflective therapy is effective in reducing indiscriminate perceptions, discrepancies between self and reality, and resistance to analyzing problems.

Fank and Sweetland (1962) studied consistency of verbalized material for both patient and therapist in a therapeutic interaction. They categorized therapist statements into direct questions, giving information, approval and encouragement, "MMhhhMMMs", simple acceptance, forcing initiative, forcing insight, non-directive leads, reflection, clarification, forcing topics, and interpretations. In an analysis of 160 hours of therapy, they found that clarifications and forcing insight statements of the counselor tended to influence understanding and insight on the part of the client and increase client verbage in the areas of statements about the problem. The authors concluded that it was possible to increase the desire on the part of the client for understanding in therapy and that the therapist's verbal behavior did indeed readily modify the verbal content of the client.

Frank (1964) investigated differential effects of directive and non-directive statements on the content of clients reply. Directive behavior consisted of asking questions, interpretations, while non-directive activity consisted of reflections, acceptances. Frank noted two basic differences in the responses elicited from either of the state-

ment types. The directive statements tended to elicit talk about problems and symptoms, while the non-directive reply elicited meaning and awareness beyond basic statements made by the client. This tended to support earlier work by Baker (1960) which showed a marked difference between the effects of a leading and a reflective therapy style.

Rice (1965) studied the effects of verbal expression (freshness of words, combinations, vocal quality, et cetera) rather than the content of the therapist's verbalizations. From a factor analysis of the results of units in 20 therapy cases, it was indicated that distortion of vocal quality suggests non-genuiness and artificiality which is characteristic of inexperienced counselors and generally unsuccesful therapy. The experienced therapist's verbal expression seemed to be characterized by fresh, connotative language, expressive vocal characteristics, and a tendency to focus on the client's immediate experience.

Pallone and Grande (1965), from a study of 80 initial counseling interviews, found that 70% of the therapist's responses fell into one of four categories: reflection, interrogation, interpretation, or confrontation. These classes of verbal activity had the following effects on client's personal problems: (1) on personal problems, reflections seemed effective; (2) on social problems, interrogative responses seemed least effective and no activity seemed most effective; (3) on vocational problems, reflective responses

seemed least effective.

McCarron and Appel (1971) utilizing galvanic skin response (GSR) to measure autonomic arousal over each category of therapist verbalization: reflection, interrogation, interpretation, and confrontation (Pallone and Grande 1965), found that verbal categories of high information values produced significantly higher autonomic responses. There were no significant differences between student and experienced therapists' GSR. There were significant differences found in the amount of confrontation and reflection utilized between the two types of therapists. The more experienced therapist used significantly more confrontations and reflections, and utilized fewer interrogative statements.

A 31-variable scale of counselor processes has been identified (Zimmer and Park 1967, Zimmer and Anderson 1968, and Zimmer, Wightman, and McArthur 1970). The variables ranged from information giving to minimal social stimuli vocalizations ("Mmmhhhmmmmms"). The variables were thought to cross different theoretical orientations.

Zimmer and Pepyne (1971) in attempting to separate a smaller clustering of the variables from the original 31 and to analyze the counseling styles of Rogers, Perls, and Ellis, disputed earlier works that suggested that the style of psychotherapeutic intervention and the counselor's theoretical orientation are not significant variables among experienced counselors. It was discovered that the 31 variables

clustered into 6 factors over 23 responses for each of the three counselors. The factors were: rational analyzing, eliciting specificity, confronting, passive structuring, reconstructuring, and interrogating. By noting the amount of each factor used by the counselor, the authors concluded that counseling orientation did have an effect both on counseling style and the resultant client behavior in regard to that style.

Helner and Jessel (1974) utilized grade school, high school, and college male students in a psychotherapy analog setting to determine the effects of interpretation on movement towards, against, or away from people. In a comparison of interpretative remarks with advice-giving, probing, and reflection, the authors found that when interpretations were used, movement against or away from people resulted in all three of the subject groups. The authors suggested that interpretive remarks are perceived by these types of subjects as attacks that result in movement away from and against people. The facilitativeness of the other techniques (advice-giving, probing, reflection) was not established in this study.

In addition to the studies of therapist verbal styles, some effort has been devoted to describing non-verbal parameters of therapeutic interaction.

Non-Verbal Studies

Ekman (1964) discussed the body language phenomena in the therapy setting. Since body movements and facial expressions are not readily measured, the significance of these phenomena escaped many researchers in content-analysis research. Ekman noted two approaches to studying non-verbal behavior: (1) non-verbal behavior is affected by interview structure and patient mood; (2) non-verbal behavior is a communicative stimuli for both the client and counselor. Ekman, in analysis of four different experiments that required raters to relate non-verbal behavior to other aspects of the interview situation, utilized movements of head, body, and whole person for cues. The results suggested that information related to verbal behavior is conveyed through spontaneous non-verbal behavior in the interview. Viewing communicative moves (gestures, smiles, or fist shakes, and symbolic cues such as body and foot sway) led Ekman to conclude that body and facial expression are not random activities, but rather have connotations connected to specific verbal behavior. Ekman concluded that non-verbal cues, in contrast to verbal messages, do not have to have a trained observer to discover or rate their presence.

Silence in psychotherapy has been classified as reflecting, suggesting, or meaning either indecision, normal thought terminations, organizational, or solicitations when initiated by the client, and as suggesting deliberate,

organizational, or natural termination when initiated by the therapist (Tindal and Robinson 1947). Natural termination pauses by the client tend to elicit clarification responses by the therapist. Cook (1964) attempted to determine the relationship of the use of silence to success in therapy. A silence ratio from 40 two-minute tape segments was analyzed. Success of therapy was measured by Roger's Process Scale. Interestingly, successful interviews had a range of silence from 4% to 20% of the total time length of the interview. Since it was noted that the amount of silence tended to remain constant over the course of therapy, the author concluded that successful therapy may be predictable from the first interview with the client if one uses silence as a predictor of success.

In viewing the research mentioned above, it appears that certain recurring themes in the analysis of therapist style and behavior have been both derived from, and subjected to, empirical testing and observation. These recurring themes in the verbal behavior of the therapist have been shown to have a variety of effects depending on the situation and type of problem presented. The themes most noted and apparently most potent for use as therapeutic intervention techniques are: clarification, reflection, interpretation, interrogation, advice-giving, and confrontation. While these themes are most generally associated with the various schools of directive therapy, some overlap with non-

directive approaches (reflection and clarification) does exist. The next section discusses certain techniques associated with the non-directive schools of psychotherapy.

Studies of Non-directive Therapeutic Styles

Some studies have concentrated less on verbal content in the dyadic interaction of therapy than on the immediate milieu fostered by verbal content. This section discusses the variables concerning both the therapy environment and variables that have been generated as a result of studies on the therapist as a part of that environment.

Rogers (1946) in a discussion of client self actualizing potential and client-centered therapy, illustrated several principles that later were to be developed into the necessary and sufficient conditions of change. The principles revolved around the creation of a warm personal atmosphere in which the client is free to explore himself. The method of freedom, the genuiness of the counselor, and the counselor's attitude of permissiveness and acceptance, override the verbal content the therapist may utilize in the therapeutic interaction, and alone are sufficient for positive growth. Rogers (1957) discussed the conditions that are conveyed both explicitly and implicitly: unconditional positive regard, understanding, and sincerity or congruence. Later these conditions were viewed as effectively therapeutic only if the client was able to perceive the therapist as

having these qualities (Rogers 1962). These conditions were redefined as non-possessive warmth, empathic understanding, and genuiness (Truax and Carkhuff 1967) and took on behavioral as well as environmental characteristics when quantified via the rating of judges in content-analysis studies (Truax 1961).

The results obtained with schizophrenic patients by psychiatric residents indicated interestingly different styles of therapy and their effects on clients. It was found that the residents' style of interaction with the client was the important factor effecting therapeutic growth (Whitehorn and Betz 1954, Betz and Whitehorn 1956). The successful therapist differed from the unsuccessful therapist in the interpersonal attitude expressed through both verbal and non-verbal/physical interaction. The successful group of therapists tended to see the patient as a person, understand him as a person, work towards the goals aimed at personality change, and interact on an equal one-to-one, person-to-person basis, rather than in a dogmatic authoritarian manner. The unsuccessful group of therapists tended to be interpretative, instructive, advisors, and less actively involved on a personal level with the client. These differences between types of therapists resulted in the now well-known A-B distinctions. "A" and "B" therapists were found to differ on the Strong Vocational Inventory Blank in various occupational interests. Scores of research studies

emanated from the controversy over the therapist types. Recent reviews indicated that the characteristics lie on a continuum from "social-interpersonal orientation" to "impersonal cognitively complex orientation towards concepts and things" (Siedman, Golding, Hogan, and LeBow 1974) and that these characteristics do not actually manifest themselves behaviorally until the therapist is confronted with a helping situation (Kirschenbaum and Barocas 1973).

The classification of the global qualities noted by Whitehorn and Betz seemed to fall into the categories that Rogers saw as conditions necessary for change. The first content-analysis study of the therapy variables specific to the non-directive therapy schools utilized seven categories of therapist variables: congruence, unconditional positive regard, empathic understanding, accurate empathy, assumed similarity, responsivity, and leadership. These variables were coded on a nine-point activity scale and their evaluation focused on both verbal and non-verbal modes of communication (Truax 1961). Truax found that varying levels of these therapeutic conditions resulted in movements towards or against growth as measured by Roger's Process Scale. The conditions that accounted for ths significant portion of variance on the growth indicator were empathy and congruence.

Rogers (1962) defined the non-directive strategies of congruence, positive regard and empathy. Congruence appeared to be a genuiness that is without facade rather than

role playing behavior. Any feeling the counselor may experience should be available to his repertoire of verbal behavior in the counseling setting. If the therapist is congruent, he is being himself and communicating his feelings for the client. Recent research on outcome and genuiness indicated that genuiness in relation to the therapist's activity is not on a positive end of a genuine/non-genuine continuum, but is rather contingent upon intuitive ratings that would justify his not being genuine. Basically, a therapist is considered genuine if evidence is lacking that he is not genuine (Truax and Mitchell 1971). Positive regard or warmth is defined as the positive attitude the therapist possesses towards what is "in" the client. The therapist retains his feelings of regard towards the client regardless of the type of behavior that the client is displaying at the moment (Rogers 1961). The initiation of unconditionality of regard allowed for the acceptance of all the client's feelings in his repertoire of affective components. Empathy appeared to be a vague global concept that in itself has generated innumerable volumes of rhetoric in hopes of arriving at a commonly accepted definition. Although it has been noted that empathy may be just mutual transference, role taking, or role playing (Buchheimer 1965), the most commonly accepted definition described empathy as the quality inherent in a therapist to sense the inner world of private personal meaning and to experience another's

world as his own, but without losing the "as if" quality of that world (Rogers 1961).

In addition to the therapist variables introduced by Rogers, there seemed to be several similar variables that lend themselves to evaluation, not on a direct quantification of either presence or absence of as many of the verbal techniques previously discussed, but rather on the level of intensity. The definition of these variables as well as the establishment of their efficacy in outcome is noted by Carkhuff (1969). Of the variables discussed that have been generated in assessing the initial variables postulated by Rogers, confrontation and specificity seemed to be the most potent.

Confrontation in therapy has been investigated within both the directive and non-directive schools of therapy. Confrontation in the directive schools seemed to be viewed as simply being present or absent. In the non-directive school, confrontation was assessed by type, effect, and level of confrontation (Berenson, Mitchell, and Laney 1968, Berenson, Mitchell, and Morovec 1968). Confrontations were described as the therapist pointing out specific response discrepancies between the therapist experiencing the client and the client experiencing himself. A didactic confrontation was defined as the therapist clarifying misinformation or lack of information given/not given by the client. Confrontation appeared to include another dimension besides

client inconsistency. The therapist forces movement towards handling the world in a constructive manner and taking an active, rather than passive stance toward life. The studies on confrontation generally found that therapists high in the use of empathy, positive regard, genuiness, and concreteness confronted their clients significantly more than therapists low on these conditions. High-functioning therapists confronted their clients more often in a positive manner concerning their assets and resources rather than their limitations, while low-functioning therapists confronted in opposite fashion (Carkhuff and Berenson 1967).

Concreteness or specificity, a variable under the direct control of the therapist generally involved direct expression of feelings for both the therapist and the client. Generally, concreteness serves three purposes: (1) ensures that therapist's responses do not become removed from the affective or experiential components of the clients' verbal report; (2) encourages therapist accuracy in his verbal report; and (3) manipulates into attending to specifics rather than taking a global course of verbal action (Truax and Carkhuff 1966). Concreteness had, in one study, been found to be a more significant effector of therapeutic growth than empathy, warmth, or genuiness (Truax and Carkhuff 1964). However, specificity may be anxiety-arousing when material is emotionally laden. It was noted that the anxiety arousing qualities of specificity facilitated overall productive-

ness (Pope and Siegman 1962).

It appears from the literature generated from the theoretical position initially stated by Rogers that certain variables accounting for the basic growth process in the client-centered related research overlap with the variables in the more directive schools of psychotherapy. The mode of reflection developed in the non-directive counseling manner would appear to be similar to the clarification variable discussed in the outcome section. Confrontation appears to have similar characteristics regardless of the school of therapy. Other variables are not unique to non-directive therapists but, in fact, can be examined in any "school" of psychotherapy. Strupp acknowledged this when he stated that the parameters of therapy actually lie on a different plane than the parameters involved in theory (Strupp 1957).

Client Preferences in Psychotherapy

While the effects of therapy are often difficult to judge, various criteria have been utilized to assess the efficacy of the variables described in earlier sections. Some research has been conducted on clients' evaluations of the importance of various elements of therapy. The studies discussed below are representative of those that have both attempted to evaluate client preferences for qualities of the therapist and the therapeutic interaction.

Feifer and Eells (1963) examined various groups' values

and opinions regarding the important goals of psychotherapy. Subjects for this study were 28 psychotherapists and 63 clients who had received at least 10 therapy sessions. Based on data obtained from an open-ended questionnaire, it was found that therapists placed importance on the goals of symptomatic relief and improvement in social relations, whereas clients valued an increase in self-understanding and confidence. Interestingly, the clients saw "human" characteristics in the therapist as helpful, while the therapists saw "technique" as helpful.

Several studies utilizing patients in psychiatric settings have shown preference for differential type and content of counseling. For example, Stotsky (1956) found that clients of low socio-economic backgrounds rate therapy near the bottom of possible rehabilitative activities. Analyses of content preferences showed that sex, symptoms, anxiety, shame and guilt, childhood memories, and quarrles were preferred topics for low socio-economic groups (Talland and Clark 1954).

Others have studied preferences for therapists' personal characteristics and sex of the therapist. College students who were non-clients tended to prefer a counselor of the same sex, a directive counselor, if the rater was a college sophomore (more so than if a college senior), if a private school student, and if male (Rogers, M. 1957). Graduate students in counselor training tended to choose counsel-

ors who are high in academic performance, had high SVIB scores in social service areas, and were low in dogmatism (Stefflre, King, and Leafgren 1962).

Pohlman and Robinson (1960) investigated the effects of a wide variety of therapist behaviors on non-client's preferences. The authors used 109 subjects whose task was to rate therapist behaviors on a 5-point scale of bipolar extremes, liking to disliking. The behaviors most consistently rated as annoying were those that indicated a lack of respect for the client (aloofness, insincerity, hurriedness, yawning), while physical handicaps and unusual mannerisms were only mildly disliked. Suggested from this study was that counselor attitudes were more important as determinants of preference than specific behavior patterns.

Other studies have examined the relationship between type of problem presented and the preference for style of therapist intervention. Grater (1964) hypothesized that clients who discuss personal-social problems in the initial interview will desire "affective" counselor characteristics more than clients who have non-personal (educational, vocational) problems. The preferences of 95 new counselees indicated that clients with personal problems preferred a counselor who is warm, kind, accepting, and friendly. The client with non-personal problems appeared to prefer a counselor who is knowledgeable, poised, logical, and efficient. Mink (1963), in a study that purported to show no difference

between client preferences for non-directive and directive styles of counseling, found that students seeking information about themselves tended to prefer being told rather than discovering information for themselves. However, many students felt that overly directive responses were presumptuous on the counselors' part. The author concluded that the type of problem may indeed dictate the theoretical orientation that will be most effective in dealing with the specific problem presented.

However, Rosen (1967), in a review of 47 research reports on counselor characteristics preferred by clients, suggested that knowledge is inadequate in drawing any conclusions about what clients prefer or think is "good".

Interestingly enough, the reams of rhetoric generated in the realm of the communicative properties of psychotherapy have left unresolved this critical issue, client preference. An appraisal of the literature on the therapist's role in therapy leaves one with the impression that the research either stresses environmental variables such as warmth-empathy-genuiness, or emphasizes the directive variables that are displayed via the verbal content of the therapist's statements, i.e., interpretations, advice-giving, clarifications. Although there have been numerous attempts at clarifying the variables that influence positive outcome in therapy, the delineation of the parameters of good therapy from the evaluation of those associated with therapy as

clients or as therapists is, in fact, still a continuing challenge.

It would seem that studies aimed at clarifying preferences for style of therapy would yield interesting, if not indeed beneficial, data for ths psychotherapist, counselor, and counselor educator. However, an inherent problem in past research has been the use of various assessment techniques that have not enabled researchers to isolate the exact variables clients and therapists prefer. To demonstrate the variety of scaling devices that have been used in studies of therapist style and client preference, the next section will discuss several scales typical of those used in content-analysis research, and will discuss several of the problems inherent in utilizing such scales.

Techniques of Assessing Therapy Styles

A wide variety of scaling techniques has been used to assess therapist variables. While early scales were largely global devices directed to the assessment of the client's position toward counselors in general, later scales became more specific and sought components of the client's preferences.

A widely used scale in early research in psychotherapy was developed by Bales (1950). This twelve-category Process Analysis Scale was intended as a general purpose applique for use in analyzing social transactions. The system was theo-

retically neutral since it could be applied to all schools of psychotherapy. The scale esentially covered categories of solidarity, antagonism, rejection, tension release, agreement, suggestions, opinions, exploration, and interpretation. A drawback in the use of the scale in psychotherapy research was its overinclusiveness and generality. The scale failed to categorize communicative units into the response modalities most commonly associated with therapy, i.e., confrontations, clarifications, interrogations; however, the scale did tap several of the variables commonly associated with therapy, including interpretation and suggestion.

Harway et al. (1955) developed a 7-point scale for rating the depth of interpretations. Levels of interpretations ranged from a lack thereof (merely repeating what the client has said) to responses that dealt inferentially with material completely removed from the client's awareness. The scale dealt only with one aspect of the therapeutic environment, interpretation.

Strupp (1957), seeing the problems of early global rating systems, developed scales relating to depth directedness, initiative, dynamic focus, and therapeutic climate. Strupp's scales utilized both bipolar adjectives and continua of the variables being measured. Strupp's multi-dimensional system has been widely used in psychotherapy research and was applicable to all theoretical orientations. Interestingly, more recent research indicated the 7-point scale developed

by Strupp did not appear to be as reliable as more recent 5-point scales.

The Barrett-Lennard Relationship Inventory (1962) had been used in a number of contexts and its efficacy had been established with regard to several research modalities. The revised scale consisted of 64 items that interacted between theory and operation. The theoretical relevance of this instrument laid in its attempt to measure the strength of Roger's "necessary and sufficient" conditions of change. The operation of these non-directive styles was measured as one demonstrated to another person the capacity for various levels of those non-directive variables. This scale did not otherwise categorize therapist verbal behavior.

Truax (1961) developed 9-point scales that measure genuiness, non-possessive warmth, and accurate empathy. The measurement of each variable laid on a continuum of "absence" to "communicating deeply" the concept being measured. Since these variables seemed to be human qualities and not "professionalized" qualities, the inability to demonstrate them to the client precluded, to Truax, therapeutic growth. Interestingly, Shapiro et al. (1968) found that judges could rate empathy, genuiness, and warmth from still photographs with moderate reliability, and that ratings were equivalent whether made on an acoustical or video medium (Shapiro 1968). Melloh (1964) and Truax and Carkhuff (1963) found that by using these scales, the variable of empathy did not seem to

vary systematically across time in therapy.

Carkhuff (1969) categorized eight essential dimensions of interpersonal activity that appeared to influence growth: empathetic understanding, the communication of respect, facilitative genuiness, facilitative self-disclosure, personally relevant concreteness of specificity of expression, confrontation, immediacy of relationship, and helpee self-exploration. Carkhuff developed 5-point scales that measured each of the categories. The use of a 5-point scale had been found to reduce variability of rating due to the error of central tendency and to increase reliability (Zimmer and Anderson 1968, Zimmer and Parks 1967).

This section has summarized a variety of scaling devices that have strong and weak points when applied to psychotherapy research. The next section will present a new approach to studying psychotherapy that takes into account the problems inherent in a majority of the scaling devices used in past content-analysis research.

Brunswik's "Lens Model"

Brunswik developed a model of psychology, probabilistic functionalism, that provided for inferences about erratic probabilistic cue-object relations. This section describes the important aspects of Brunswik's system that apply to the present investigation, the lens model that is basic to Brunswik's system, and finally the method of correla-

tions that suggest the utility of Brunswik's conceptualization for the study of psychotherapy*

The Psychology of Egon Brunswik

A unique psychology in its own right, the Brunswikian framework described both a theory and a methodology for evaluating a wide range of organism-environment interactions. To Brunswik, psychology is the study of the "mutual interrelationship" of organism and ecology, with the principle focus on the latter. Brunswik's environment focus appeared antithetical to traditional psychology which emphasized the organism in isolation from its ecology.

Brunswik noted that the probabilistic nature of the environment results in uncertainty in making every day judgments of events and objects as they exist in the environment. The probabilistic nature, i.e., that given stimulus A, event Y will take place only a portion of the time and not on a consistent one-to-one basis, results in a framework appearing to be a "best bet" probability framework. Since neither the organism nor the environment is certainty geared, it is most useful to study the organism in such a way that the erratic elements of nature can be taken into account. Brunswik noted that "nature scatters her effects irregularly" and that

*The author wishes to acknowledge the source of information for the section on the Lens Model. This information was reconstructed from two rather succinct presentations of Brunswik's psychology, Gillis 1967; Beal 1974.

organisms rely on these uncertainty-geared pieces of evidence in judging events in nature. Basically, Brunswik said that as one goes through life, certain cues (stimuli) give information (hypotheses) about the ecological state of affairs, but none of these cues gives perfect information about man's adaptive efforts.

The objects of focus in nature were termed "distal" objects. Information about these distal objects is available through observing their effects or cues. The distal object as found in nature was characterized by uncertain relationships both between it and its cues and among its various cues. The relationship between the cues and the distal objects were termed ecological validities. The texture of the environment, according to Brunswik, was the composition of cues, objects, and relationships between cues and objects. The presence of several cues for the estimation of any distal object resulted in intersubstitutable mediational activity on the part of the organism in evaluating the distal object. This process (often intuitive) of intersubstitution was termed vicarious mediation.

Brunswik's psychology is a functionalistic one in that it stresses the organism coping with a somewhat chaotic environment. Brunswik further noted that man is highly adaptive (actually copes with the uncertainty of nature's effects). In order to investigate man's adaptability, Brunswik discarded systematic static design and proposed repre-

sentative design. This paradigm allows a scientist to conduct research on the organism in an uncertain environment. The specific aims of representative design are: (1) to reflect the probabilistic nature of the ecology in an accurate manner; and (2) to represent in precise detail (quantitatively) the ability of the organism to cope with environmental contingencies. If, in fact, this type of functionalism is to be an adequate and viable approach for studying various psychological phenomena, the paradigm must take into account the probabilistic nature of ecological variables as they occur in nature, and the capacity of the organism to deal with this uncertain relationship.

The Lens Model

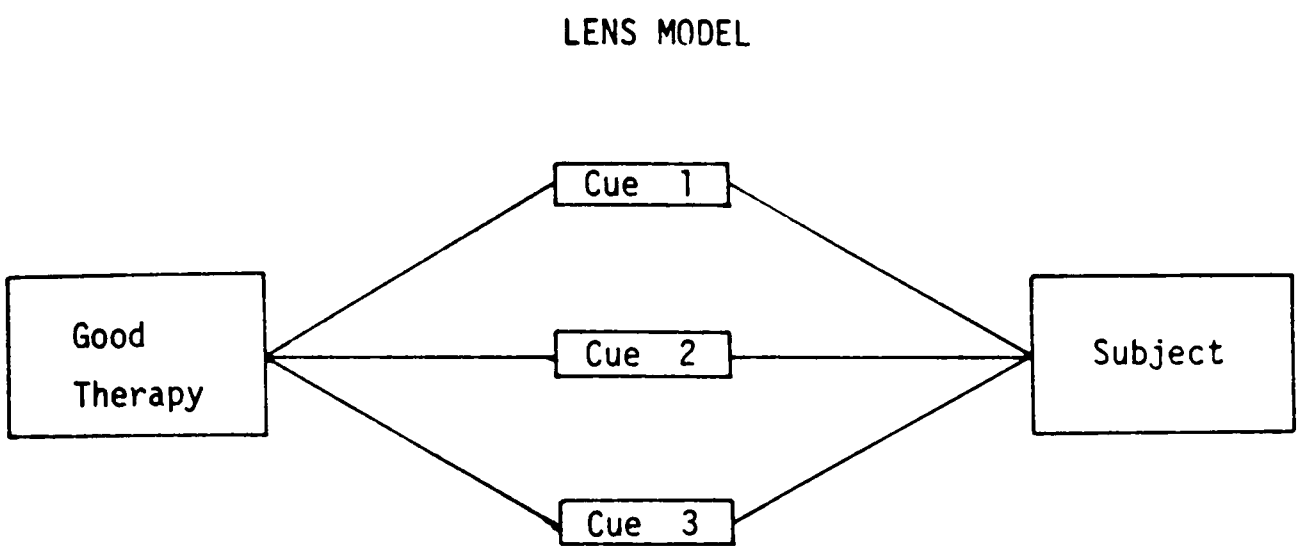
The relationship of the environment and the organism is best illustrated by Brunswik's lens model. Since none of the cues found in the environment are perfectly correlated with the criterion object, Brunswik felt a forced mediational or hypothesis testing strategy was thrust upon the organism. That is, in order to improve its best bet, the organism must combine cues and become, in effect, an intuitive statistician. This results in the best prediction possible for the organism. The structure of the ecology and the organism's attempts to deal with it are best summarized in the "lens model."

The model, depicted in Figure 1, allows for the study

of the organism and the environment with all of its probabilistic contingencies. Noted is that the right side of the lens represents the functional validities of the cues (r_e). The wide arc (distal to distal Y_e to Y_s) represents the ability of the organism to predict the environmental state of affairs and results in the assessment of organismic achievement (r_a).

The measure of relationships in the lens model in all instances is the correlation coefficient, which Brunswik found vital to his probabilistic formulations. In addition to describing the individual relationships of cues with the distal object or the organism's response by means of a product moment correlations, the coefficient of multiple correlation is also employed in the lens model, allowing for assessment (on the environmental side) of the degree of total linear determinacy (R_e^2), and (on the organismic side) of linearity of the response system (R_s^2).

In a task evaluating the quality of psychotherapy, for example, the subject (Y_s) is trying to judge an event (Y_e). The subject uses the available (uncertain) information, the cues -X1, X2, X3 (Genuiness, Activity Level, Warmth). Each cue has some relationship to the distal object (Y_e), here quality of therapy. However, no single cue has a perfect relation to that event, although some of the cues available are more valid than others. The validity of these predictors can be stated in terms of product moment correlations.



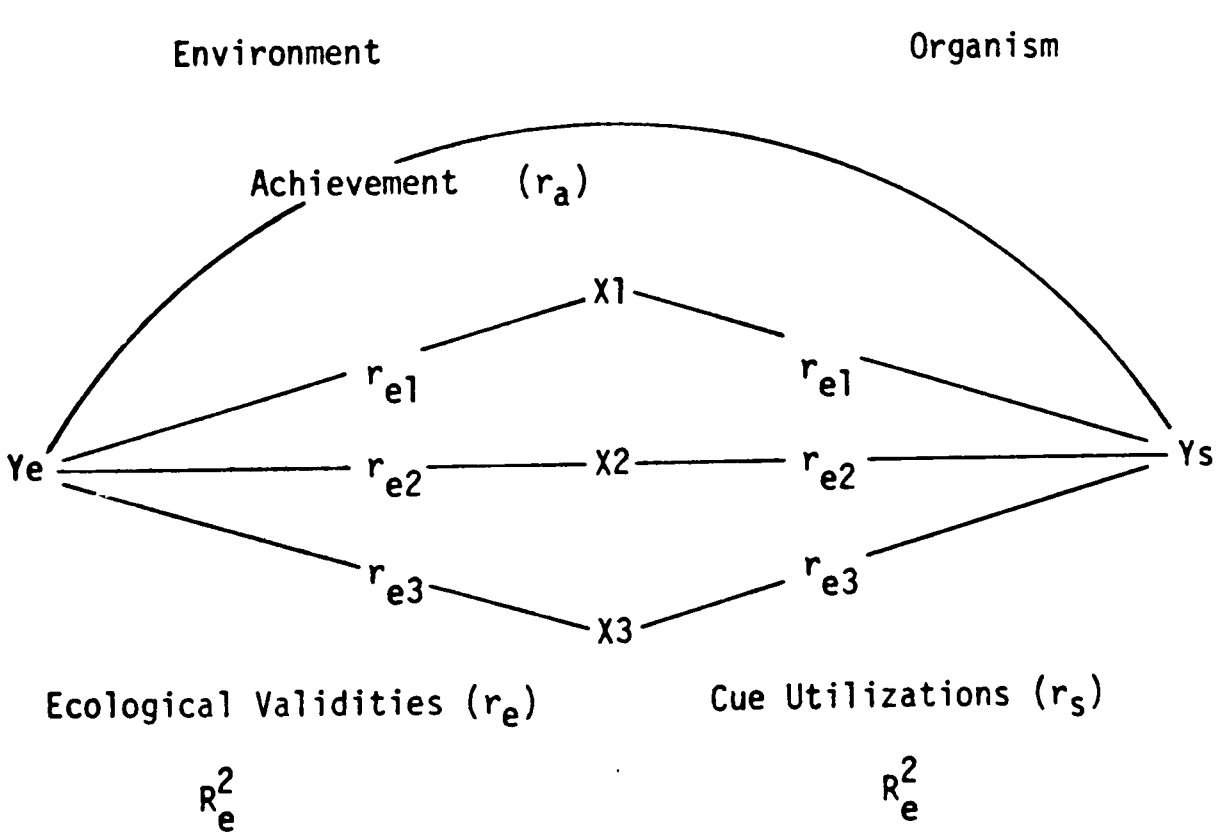


Figure 1. The Lens Model.

The larger the corrleation, the more of a predictor it, in fact, is. By squaring the product moment correlations, one can determine the amount of variance in the predicted event accounted for by each cue. Additional information can be obtained by combining the individual r_e's which yields the multiple correlations of the cues with the criterion or predicted event. It is also possible to determine the variance accounted for in the criterion by the combination of all cues by squaring the multiple correlation R_e^2. The same type of analysis is possible on the right side of the model (cue utilization). By knowing the value of the cues presented an individual and his judgments about the criterion, an analysis results in a determination of precisely what cues the organism is using and also exactly how much weight he is attaching to each one. In the "quality of therapy" example, one could determine not only the extent to which therapist "warmth" is related to therapeutic quality, but also the extent to which clients judge it to be important.

The lens model was the primary methodological paradigm used in this investigation. The specific manner in which it was employed, similar to that which has just been discussed, is described in Chapter II.

As can readily be seen, the lens model has several distinct advantages in conceptualizing and in determining factors in psychotherapy. These advantages include: (1) the model's applicability to all schools of psychotherapy;

(2) the semantic problems of "quality therapy", "warmth", and "empathy" are bypassed as the subject concentrates solely on the assessment of the distal variable; (3) estimation of a person's preference for the variables without asking directly the questions "Do you like warmth? activity level, genuiness?" While it might seem simpler just to ask the subjects about their preferences or what they considered important in therapy, previous research with human judgments in a variety of contexts showed that such a direct questioning method yielded questionable results (Lichtenstein and Slovic 1973).

Statement of the Problem

A perusal of the literature related to therapist style, client preference, and assessment techniques suggested the following conclusions:

1. A myriad of interacting variables are present in the therapeutic interaction, and it appears that no single variable has accounted for a large portion of the variance in therapeutic outcomes.
2. Some evidence exists concerning clients, non-clients, and counselors' expectations and preference for therapy style, but the evidence does not appear to be conclusive or definitive.
3. One would expect client preference and the extent to which they were confirmed or disconfirmed, to relate to

therapy outcome. Research, to date, using a variety of assessment techniques has left the area of client preference still unresolved. This appears, in large part, to be the result of limitations in the assessment techniques and problems inherent in directly asking people what they like. Such research as exists is also subject to the criticisms that have been levelled at judgment research more generally, i.e., individuals responding to direct preference questions often are unable to enumerate the basis of the judgments.

4. There have been no empirical studies in which subjects actually make judgments of therapeutic quality rather than directly state their preference for style of therapy.

5. The lens model provides a technically sophisticated, comprehensive model for analyzing the actual parameters of human judgment. It appears well suited to the study of client preferences in therapy, although it has yet to be used for this purpose.

Hypotheses

Despite the importance of the topic, there have been no studies to date which require subjects to make judgments of quality therapy. As was noted in the literature surveyed, however, there was some evidence relating to the manner in which certain groups of people react to and assess psychotherapy. It would seem that, based on what limited knowledge is available on parameters of quality therapy, certain

hypotheses were tenable regarding various groups' assessment of the variables that constitute effective therapy and therapist behavior. Similarly, the rather obvious assumption that counselors like what they practice suggested certain hypotheses.

Since this study utilized the lens model, the critical data concerning the elements of judged quality therapy were provided by utilization correlations. The hypotheses proposed indicated the cues each group of subjects are expected to use in the assessment of quality therapy.

Expectation I:

It is expected that experienced counselors will differ from non-experienced counselors in the way in which they utilize cues for the assessment of effective therapy. Specifically, it is expected that experienced counselors' correlations will be higher than non-experienced counselors for the cues of confrontation and advice giving. This expectation was derived from (1) Strupp's (1960) and McCarron and Appel's (1970) findings that experienced counselors utilized more confrontations than do non-experienced counselors; and (2) the findings of Stefflre, King, and Leafgren (1962) suggesting that non-experienced counselors tended to select peer counselors low in dogmatism, suggesting that styles stressing exploration rather than exposition were preferred by these inexperienced counselors.

Hypothesis I: In their judgments of therapist quality, experienced counselors will demonstrate significantly higher utilization correlations for the cues of confrontation and advice-giving than will non-experienced counselors.

Expectation II:

The last two hypotheses reflect expectations concerning the assessment of therapy by non-counselors and counselors. These expectations were derived from research which indicated that: (1) counselors tended to consider techniques and strategies aimed at symptomatic relief as important dyadic aspects of therapy, while clients considered human characteristics critical (Feifer and Eells 1963); (2) clients with personal problems preferred a counselor who was warm, kind, accepting, and friendly (Grater 1964); and (3) students that were seeking information about themselves tended to prefer being told rather than discovering information about themselves (Mink 1963).

Hypothesis II: Judgments of therapist quality made by counselors will be heavily dependent on the cues of confrontation, interpretation, and activity level, and counselors have significantly greater utilization correlations for these cues than will non-counselors.

Hypothesis III: Non-counselors will use warmth, advice-giving, and genuiness as cues in assessing quality therapy and will have higher mean correlations for these cues than will counselors.

CHAPTER II

METHOD

In this chapter the experimental design and procedure are described. This section includes a detailed consideration of the manner in which the lens model is adapted for the study of judgments of quality therapy. Following the presentation of the problem, the specific cues and stimulus configurations are discussed. Subjects, task, experimental procedures, and finally, the experimental design are then considered.

The Problem

The purpose of this research was to determine what variables are critical in the judgment of quality therapy and, secondly, to determine how groups with contrasting roles and relationships to treatment differed in the variables which they considered of importance in such judgments. In order to accomplish this purpose, variables found in psychotherapy were presented in descriptive paragraphs of therapists' behavior. Subjects rated the therapists described. Analysis of cue utilization coefficients allowed the variables critical to each group to be identified.

Cues and Stimulus Configuration

The present study utilized the lens model as the paradigm for presenting the various cues (variables under study) that were observed and rated by the subjects (the lens model is discussed in Chapter I.) In constructing the tasks, it was necessary to bear in mind that the variables in psychotherapy most generally are not static and stable. It was not the purpose of this study to assess all of the variables of possible consequence in therapy, but rather to select from among those variables that seemed to hold some promise for playing a key role in therapy outcome. Seven variables, therefore were used as cues reflecting the therapeutic environment about which subjects would make judgments. These variables were as follows:

Warmth: The positive feelings/attitude that the therapist possesses toward what is in the client.

Genuiness: The level of congruence the counselor displays concerning his feelings resulting from and in the interaction with the client.

Confrontation: The clarification of misinformation and/or indication of lack of information given by the client.

Reflection: The capturing and mirroring back in the counselor's own words what the client has said without attempting to clarify or interpret what the client has said.

Advice-giving: The drawing upon of the counselor's own knowledge and experience and telling the client what to do in order to solve his problem.

Interpretation: Movement in the direction of explaining the reason why the client behaved or felt at a given time.

Activity Level: The active participation of the therapist.

These variables were chosen as cues because each has been the subject of either considerable empirical study or has been prominently discussed in the literature on therapeutic techniques. Each variable was treated as a "cue" in the lens model described in Chapter I. That is, each variable served as a potential mediator of the level of the criterion, in this study, the level of quality or effective therapy likely to be attained by a given therapist. Cues varied on a continuum from 2 through 10, the higher cue values representing greater levels of that variable. These cue values were represented by written descriptions of behavior; more specifically, each cue level was designated by a particular adjective referring to the frequency of occurrence by time for each kind of response in a therapist's repertoire. For example, therapists were described as : "almost always", "generally", "frequently", "sometimes", or "rarely" giving advice. "Almost always" represented a numerical value of 10; "generally", a value of 8, "frequently", a value of 6; "sometimes", a value of 4; and "rarely", a value of 2. The criterion, "effective therapist", varied

from 1 to 20. Again, higher responses represent greater levels of effective therapist behavior.

Thirty-five descriptive paragraphs contained the varying levels of each of the therapist behaviors under investigation. Table 1 indicates the value of each cue for each paragraph.

Subjects

Four groups of raters, 15 male subjects in each group, comprised the sample of judges for this investigation. The groups were: (1) experienced counselors, (2) non-experienced counselors, (3) clients, and (4) non-clients/non-counselors, i.e., a sample from the general non-client population. These groups were selected because they represent samples which are useful in applying and gathering preference data, and also because previous research indicates that differences may exist among subjects in these groups regarding what they consider to be effective psychotherapy. The experienced counselors (practicing two years beyond last degree) were obtained from local mental health organizations, counseling centers, and from facilities located in nearby communities. This group's age limits were from 24-35 years. The student counselors were drawn from currently enrolled students in a graduate clinical or counseling psychology practicum course at Texas Tech University. The

clients were volunteers from various agencies in West Texas. The naive non-client/non-counselor subjects were members of the local community.

Tasks

The criterion to be predicted (or judged) in this study was therapist effectiveness. The criterion was represented by a 20-point continuum of "ineffective therapist" to "effective therapist". This criterion was assessed by judges using cues presented in the stimulus materials, 35 paragraphs each describing a specific therapist's activity or style. Each paragraph was on a computer printout sheet. Disguised in each paragraph were 7 variables (cues) present in psychotherapy. Each variable was represented by a written description using 5 adjectives that coincided with the frequency of occurrence for that variable and that therapist. Each of the cues varied a total of 7 times over each of the 5 frequency adjectives (Table 1 illustrates the variation of cues and frequency over each configuration).

The subjects received no information concerning cues present in the configuration. Each subject was told the descriptions were of an actual therapist. (Instructions given each subject are in Appendix A). Each subject then rated each paragraph on the continuum of effectiveness. An ordinal scale that consisted of bar-graphs that varied as the

TABLE 1

CUE VALUES FOR 35 JUDGMENT TRIALS

Stimulus Configurations	CUES 1	2	3	4	5	6	7
1	8	4	6	4	6	2	4
2	6	10	10	10	2	4	2
3	2	2	8	2	8	8	10
4	4	8	4	6	4	10	8
5	10	6	2	8	10	6	6
6	2	4	10	6	8	8	2
7	8	10	6	8	6	4	8
8	4	2	2	2	10	10	10
9	10	6	8	10	4	2	4
10	6	8	4	4	2	6	6
11	6	8	8	4	2	2	6
12	2	6	2	2	4	8	8
13	8	2	10	6	6	4	2
14	10	10	6	10	10	6	10
15	4	4	4	8	8	10	4
16	8	4	2	2	4	4	10
17	2	6	6	10	6	10	6
18	6	2	10	6	2	8	4
19	10	8	4	4	8	6	8
20	4	10	8	8	10	2	2
21	4	10	2	2	6	6	8
22	8	6	4	6	8	2	2
23	10	8	8	4	10	10	4
24	2	4	6	10	4	4	6
25	6	2	10	8	2	8	10
26	2	6	8	8	8	10	2
27	4	8	4	4	6	2	8
28	8	2	10	2	4	4	6
29	6	10	2	6	2	6	4
30	10	4	10	10	10	8	10
31	10	10	4	6	8	6	10
32	4	8	10	4	10	10	6
33	2	6	6	2	4	2	8
34	6	4	2	8	2	4	2
35	8	2	8	10	6	8	4

Cue 1 = Activity level
Cue 2 = Advice-giving
Cue 3 = Confrontation
Cue 4 = Genuiness
Cue 5 = Interpretation
Cue 6 = Reflection
Cue 7 = Warmth

2 = Rarely
4 = Sometimes
6 = Frequently
8 = Generally
10= Almost Always

adjectives varied was presented prior to the subject beginning the task (See Appendix A).

Procedure

Each subject was tested individually over the 35 stimulus configurations. Embedded in each configuration were the various cue levels for each of the 7 variables under investigation (see Table 1). The order of stimulus presentation was varied to insure that any effects of fatigue or diminished motivation were distributed evenly across subjects and stimuli. Fifteen different orders or presentations were used (see Table 2). Subject 1 received order 1, subject 2 received order 2, and so forth.

The 35 configurations were in a booklet form. Each configuration was presented on a computer printout sheet. The subject was also given a scoring sheet that had 35 scales numbered to match the particular configuration being rated. The scales were in the following form:

Ineffective Therapist ---------- Effective Therapist

Experimental Design

The therapeutic environment and the cues found in this

TABLE 2

ORDER OF STIMULUS CONFIGURATIONS OVER FIFTEEN PRESENTATIONS

PRESENTATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
19	35	33	16	7	28	20	24	32	23	19	3	33	14	24
24	33	35	14	34	18	18	20	26	1	12	15	34	11	11
35	2	12	9	11	27	34	18	6	33	26	13	15	18	19
18	12	3	33	18	33	7	34	16	24	7	5	12	9	13
25	16	10	11	30	1	5	11	18	22	27	31	30	13	9
14	10	4	4	27	13	24	35	30	12	22	23	3	7	5
16	11	2	18	23	11	11	9	3	17	1	16	19	24	21
29	1	24	17	22	17	33	16	15	9	2	20	22	32	1
1	4	9	2	13	14	29	30	7	18	24	2	28	6	31
34	14	8	27	5	35	15	6	14	10	32	34	23	17	28
33	23	20	3	17	24	26	21	13	35	33	12	35	25	16
17	17	16	20	16	5	6	25	23	27	25	27	24	20	27
23	28	5	8	2	25	28	19	4	19	17	4	8	31	20
20	3	31	31	14	22	21	8	19	25	34	14	21	30	25
5	6	25	12	33	3	9	3	29	20	4	24	20	19	29
9	18	13	32	12	15	2	1	5	31	29	11	31	35	30
10	13	14	35	24	23	32	5	10	6	20	25	25	8	34
22	20	6	15	10	6	14	14	25	21	28	19	18	12	14
8	25	17	6	28	8	13	13	1	2	5	17	26	26	10
3	31	26	34	1	29	12	23	9	15	16	10	10	21	2
32	24	1	13	35	30	8	4	2	29	14	18	16	10	26
7	9	11	10	4	7	10	10	8	28	31	32	27	15	12
11	29	19	25	9	9	19	22	22	8	8	6	7	29	23
28	22	15	7	32	31	1	26	33	11	23	30	6	22	6
27	7	30	24	21	4	4	29	35	4	11	26	17	27	17
15	34	32	5	19	10	23	2	20	7	35	1	4	34	22
13	27	28	19	25	12	3	33	11	26	9	8	9	1	18
2	15	27	23	8	26	17	15	34	14	15	35	5	33	4
21	32	34	29	3	16	22	7	31	5	6	7	29	3	8
30	19	7	30	29	34	35	32	27	3	21	21	2	16	32
12	8	22	21	31	32	27	17	24	30	30	28	11	4	35
4	5	29	26	15	20	30	12	28	34	10	9	32	2	33
6	21	21	1	6	2	25	28	12	32	13	33	13	23	7
26	26	18	22	26	19	31	27	17	13	3	29	14	5	3
31	30	23	28	20	21	16	31	21	16	18	22	1	28	15

environment were discussed earlier in this chapter. The environment was constructed using varying levels of the cues over each stimulus configuration. The order of presentation and order of cues for each configuration were randomly assigned. Each subject was tested individually. Figure 2 presents the design of the experiment.

Figure 2

DESIGN OF THE EXPERIMENT (N = 60)

	Group 1 (n = 15)	Group 2 (n = 15)	Group 3 (n = 15)	Group 4 (n = 15)
Advice-Giving	o = 35	o = 35	o = 35	o = 35
Activity Level	o = 35	o = 35	o = 35	o = 35
Confron-tation	o = 35	o = 35	o = 35	o = 35
Genuiness	o = 35	o = 35	o = 35	o = 35
Interpre-tation	o = 35	o = 35	o = 35	o = 35
Reflection	o = 35	o = 35	o = 35	o = 35
Warmth	o = 35	o = 35	o = 35	o = 35

Group 1: Experienced Counselors; Group 2: Non-experienced Counselors; Group 3: Clients; Group 4: General Population Sample

This study was solely concerned with the cue utilization or organismic side of the lens model. It appeared from the literature in psychotherapy that a wide variety of information was available concerning therapist activity; however, the delineation of the critical parameters of therapist behavior had yet to be accomplished. Outcome studies have shown several variables to be effectors of therapeutic growth, but none have been successful in establishing client views regarding quality therapy, although obviously expectation and preferences seemed important. Recent research (Reisman and Yamokoski 1974, Venzor 1975) suggested that client expectations and preferences in therapy were quite at variance with traditional notions of what constituted effective counseling skills and attributes. Therefore, this study was an initial attempt at using the Brunswik lens model in determining the parameters of therapist behavior that were thought to lead to effective and ineffective therapist activity. By determining the cue utilization patterns of various samples, it was possible to determine the relative importance of these cues in subjects' evaluations of effective therapy. By employing a range of cues, none of which had a univocal relationship with the criterion, this study fulfilled the requirements of representative design as proposed by Brunswik.

CHAPTER III

RESULTS

This chapter reports the major findings of the study. The manner in which the data were analyzed is first described, followed by those results pertaining to specific hypotheses. Next are presented significant findings not relevant to *a priori* hypotheses. The weighing schema (cue utilization) for the various groups under investigation is summarized. Finally, the results of a factor analysis of cue utilization coefficients are described.

Data Analysis

The first task in the data analysis was the determination of cue utilization coefficients for each subject over the 35 judgment trials (therapist descriptions). This was accomplished by correlating a subject's judgments of quality therapy with the values of each of the seven cues over all 35 trials. These utilization coefficients, summarized in Tables 16 and 17, were next converted into standardized scores using Fisher's *r* to *z* transformation (Kirk 1968). All succeeding analyses were performed on these normalized *z* scores and all references

to cue utilization coefficients will reflect these standard scores.

Data were analyzed by analysis of variance (ANOVA) technique. A priori comparisons were undertaken by use of Dunn's procedure for non-orthogonal mean comparisons (Kirk 1968). The a posteriori mean comparisons were made by Tukey's honestly significant difference (HSD) ratio (Kirk 1968). Both a priori and a posteriori alpha levels were set at $p < .05$. Means and standard deviations of the cues for each group are presented in Table 12.

Prior to these statistical analyses, data in each of the dependent variable sets were examined for homogeneity of variance utilizing the F max statistic (Kirk 1968). In all cases, the data met the assumption of equality of variance. Thus, the parametric ANOVA procedures that followed were appropriate. In testing hypotheses concerning the counselor group, student and experienced counselor responses were pooled. The client group and general population sample comprised the non-counselor group.

Since no attempts had been made to match groups precisely on age and educational level, and since it is possible that these variables could affect judgments (despite Gillis and Davis' (1973) findings), their influence was evaluated. Separate one-way ANOVAs were determined for age and education by groups of subjects. These yielded no

significant main effects, indicating that neither of these demographic indices is related to judgment and responses on these tasks. Neither did a similar analysis performed on multiple correlation coefficients yield any significance. This indicates that the four groups are not differing in the consistency in which they approach the task and apply their judgment policies.

Before any testing of specific hypotheses was begun, a 4 x 7 (groups of judges by cue) analysis was computed. The results of the ANOVA are described in Table 11. A significant main effect and interaction effect was demonstrated. The interaction effect is illustrated in Figures 3 and 4, and is further clarified in the group cue utilization section. Both the main effect and the interaction are a function of groups using cues differentially. The extent to which these differential utilization patterns were consistent with the hypotheses is revealed in the analysis that follows.

Hypothesis Testing

Hypothesis I was based on considerable empirical evidence which suggested that experienced counselors generally are more confrontive and give more advice than do student counselors.

Hypothesis I: In their judgments of therapist quality, experienced counselors will demonstrate significantly higher utilization correlations for the cues of confrontation and advice-giving than will non-experienced counselors.

One-way analyses of variance were computed for each of these two cues separately. The results of those analyses are given in Table 3. The means and standard deviations of the utilization coefficients for the experienced and student counselors are given in Table 4. As can be seen in Table 3, no significant difference between the groups was observed for the advice-giving cue. A significant difference was observed for the confrontation cue; however, Dunn's multiple comparison test indicated that the student counselors do not differ significantly from the experienced counselors in the utilization of the confrontive cue. The source of variance that accounted for the significant F ratio existed between the utilization coefficients of the student counselor group and the general population group. Tukey's HSD indicated that the student counselor group utilized confrontation to a greater extent than did the general population sample ($q = 4.27$, $p < .05$). The hypothesis that experienced counselors' utilization coefficients would be higher for both the cues of confrontation and advice-giving was not supported by the results.

TABLE 3

ONE-WAY ANALYSES OF VARIANCE FOR ADVICE-GIVING AND CONFRONTATION/HYPOTHESIS 1

Cue	MSt	MSe[1]	F	P
Advice-giving	0.1052	0.0596	1.766	0.163
Confrontation	0.1217	0.0355	3.427	0.023

[1]df 3,56 for all cases

TABLE 4

MEANS AND STANDARD DEVIATIONS FOR ADVICE-GIVING AND CONFRONTATION BY EXPERIENCED AND STUDENT COUNSELORS

	Student Counselors		Experienced Counselors			
Cue	$\bar{X}$	SD	$\bar{X}$	SD	t'D[1]	p
Advice-giving	0.383	0.272	0.235	0.211	1.66	ns
Confrontation	0.154	0.134	0.113	0.219	.594	ns

[1]df 6,56 for all cases

Hypothesis II was also derived from a review of empirical evidence available in the psychotherapy literature. It was expected that counselors would generally use more directive strategies and tactics and have higher cue utilization coefficients for these strategies than would non-counselors.

Hypothesis II: Judgments of therapist quality made by counselors will be heavily dependent on the cues of confrontation, interpretation and activity level, with counselors having significantly greater utilization correlations for these cues than will non-counselors.

One-way analyses of variance were computed for each of these three cues separately. The results of these ANOVAs are given in Table 5. The analysis of utilization coefficients for the activity level cue failed to yield a significant effect. Coefficients for confrontation and interpretation did yield such effects. The means and standard deviations for the therapist and non-counselor groups are given in Table 6. Dunn's multiple comparison test did not indicate that a significant difference existed between the counselor and the non-counselor group on the confrontation cue. The actual source of variance, demonstrated by a significant HSD, existed between the student counselor and the general population, $q = 4.27$, $p < .05$.

Dunn's multiple comparison procedure indicated a

TABLE 5

ONE-WAY ANALYSES OF VARIANCE FOR ACTIVITY LEVEL, CONFRONTATION, AND INTERPRETATION/HYPOTHESIS II

Cue	MSt	MSe[1]	F	p
Activity level	0.1503	0.0734	2.048	0.116
Confrontation	0.1217	0.0355	3.427	0.023
Interpretation	0.1981	0.0380	5.208	0.01

[1]df 3,56 for all cases

TABLE 6

MEANS AND STANDARD DEVIATIONS FOR ACTIVITY LEVEL, CONFRONTATION, AND INTERPRETATION BY COUNSELOR AND NON-COUNSELOR GROUPS

	Counselors		Non-Counselors			
Cue	$\bar{X}$	SD	$\bar{X}$	SD	$t'D^1$	p
Activity level	0.025	0.228	0.1080	0.308	1.18	ns
Confrontation	0.134	0.1816	0.0685	0.1949	1.33	ns
Interpretation	0.113	0.1597	0.2623	0.2258	2.98	.05

[1]df 6,56 for all cases

significant difference exists between the counselors and the non-counselor groups in their utilization of the interpretation cue. However, as can be seen in Table 6, the results were in the direction opposite to that hypothesized. Non-counselors used interpretation as a critical component to quality therapy to a greater extent than did the counselors.

As a result of past research, it was expected that non-counselors would demonstrate higher cue utilization coefficients for warmth, advice-giving, and genuiness than would counselors.

Hypothesis III: Non-counselors will use warmth, advice-giving, and genuiness as cues in assessing quality therapy and will have higher mean correlations for these cues than will counselors.

Separate one-way analyses of variance were computed for each of the cues, warmth, advice-giving, and genuiness. The results of these analyses are presented in Table 7. The means and standard deviations for the counselor and non-counselor groups for these cues are given in Table 8.

No significant difference between groups was demonstrated for the cue of advice-giving. A main effect was obtained for both genuiness and warmth. Dunn's multiple comparison procedure indicated that the non-counselor group did not significantly differ on either genuiness

TABLE 7

ONE-WAY ANALYSES OF VARIANCE FOR ADVICE-GIVING, GENUINESS, AND WARMTH/HYPOTHESIS III

Cue	MSt	MSe[1]	F	p
Advice-giving	0.1052	0.0596	1.766	0.163
Genuiness	0.1389	0.0482	2.880	0.043
Warmth	0.1773	0.0528	3.358	0.025

[1]df 3,56 for all cases

TABLE 8

MEANS AND STANDARD DEVIATIONS FOR ADVICE-GIVING, GENUINESS, AND WARMTH BY COUNSELOR AND NON-COUNSELOR GROUPS

	Counselors		Non-Counselors			
Cue	$\bar{X}$	SD	$\bar{X}$	SD	$t'D^1$	p
Advice-giving	0.309	0.244	0.209	0.244	1.58	ns
Genuiness	0.173	0.315	0.052	0.307	2.12	ns
Warmth	0.281	0.276	0.377	0.262	2.17	ns

[1]df 6,56 for all cases

or warmth from the counselor group. The actual source of variance for the genuiness cue was between the student counselors and the general population sample, the student counselors scoring higher, $q = 3.9$, $p < .05$. The general population sample's utilization of warmth was significantly higher than the student counselors', $q = 4.9$, $p < .05$. This third hypothesis advanced was not supported by comparisons of the combined counselor and non-counselor groups.

Three hypotheses were advanced following a perusal of relevant literature concerning quality therapy. One of these received support, and that only in part. Several unexpected but significant patterns did emerge from the analyses, however: (1) combined counselor and non-counselor groups used the cue of interpretation differently in that non-counselors place considerably more weight on interpretations than do counselors; (2) student counselors used the cues of confrontation and genuiness to a greater extent than the general population; (3) the general population utilized warmth to a greater extent than did the student counselors. The implications of these results for both counselor training and effective therapy are considerable, as will be considered in Chapter IV.

A Posteriori Findings

Several additional significant differences in cue utilization patterns between the various judgment groups were demonstrated in the a posteriori comparisons.

In the one-way analyses of variance (cue by group) significant F ratios were demonstrated for the following cues: confrontation, genuiness, interpretation and warmth. The results of those analyses are summarized in Table 9. The mean utilization coefficients and standard deviations for each group and cue are given in Table 10. For the cues of activity level, advice-giving, and reflection, no significant differences were demonstrated. That is, groups did not use these cues differentially.

Confrontation. For the strategy of confrontation significant differences were demonstrated. Tukey's HSD indicated that the student counselors' utilizations were greater than that of the general population ($q = 4.27, p < .05$). The comparisons of other means demonstrated no other significant differences. Thus, it appeared that the difference between the various groups on the importance attributed confrontation was due to its differential use by the student counselors and the general population sample.

Genuiness. A significant difference was demonstrated in the utilization of the genuiness cue. Tukey's HSD indicated that the student counselors utilized this cue significantly more than did the general population

TABLE 9

ONE-WAY ANALYSES OF VARIANCE FOR CONFRONTATION, GENUINESS. INTERPRETATION, AND WARMTH

Cue	MSt	MSe[1]	F	P
Confrontation	0.1217	0.0355	3.427	0.023
Genuiness	0.1389	0.0482	2.880	0.043
Interpretation	0.1981	0.0380	5.208	0.01
Warmth	0.1773	0.0528	3.358	0.025

[1]df 3,56 for all cases

TABLE 10

MEANS AND STANDARD DEVIATIONS FOR CONFRONTATION, GENUINESS, INTERPRETATIONS, AND WARMTH BY GROUPS

	Experienced Counselor		Student Counselor		Client		General Population	
Cue	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Confrontation	0.113	0.219	0.154	0.134	0.084	0.190	-0.054	0.200
Genuiness	0.148	0.226	0.197	0.219	0.078	0.246	-0.025	0.182
Interpretation	0.040	0.172	0.186	0.144	0.205	0.209	0.320	0.242
Warmth	0.316	0.205	0.181	0.185	0.310	0.299	0.443	0.218

sample (q = 3.9, p <,05). Other group comparisons on this cue were not significant. It would seem, therefore, that overall group differences in the utilization of genuiness were due, as with confrontation, to differences between the student counselors and the general population sample. However, the general population placed less importance on genuiness than does the student counselor group.

Interpretation. A significant difference in the utilization of the interpretation cue was demonstrated. Tukey's HSD indicated that the general population sample utilized this cue to a greater extent than did the experienced counselor sample (q = 5.5, p <.05). No difference between other groups was demonstrated. It would seem that the utilization of interpretation was of greater importance in rating quality therapy to the general population sample than to the experienced counselors.

Warmth. A significant difference between the groups was demonstrated on the utilization of warmth as a cue in assessing quality therapy. Tukey's HSD indicated that this is accounted for by the difference between the general population sample and the student counselors (q = 4.4, p <.05). The analysis indicated that the general population sample utilized warmth to a significantly greater extent in assessing effective therapist

behavior than did the student counselor group. No other difference in the utilization of the warmth cue was demonstrated between groups. Overall, it would seem that the basic differential usage of warmth in assessing quality therapy lies between the general population and the student counselors.

Cue Utilization Profiles of the Judgment Groups

An analysis of the utilization coefficients of the four groups and seven cues, a CRF 4 x 7 design (Kirk 1968) was computed. The results of that analysis are presented in Table 11. In addition, the means and standard deviations of each of the groups' cue utilization are reported in Table 12. Difference within groups was examined by the Tukey's HSD procedure for multiple comparisons. As above, the utilization coefficients were measures of what each group considered the elements of quality therapy. Figures 3 and 4 graphically illustrate the cue utilization patterns for the various groups under investigation. Figure 3 profiles the utilization for the several cues by the judgment groups. Figure 4 represents the same data in the form of bar graphs.

Experienced Counselors. The predominant cues utilized by the experienced counselor group in the assessment of quality therapy were warmth and advice-giving. Warmth and

TABLE 11

ANALYSES OF VARIANCE FOR CUE UTILIZATION BY GROUP BY CUE

Source of Variance	SS	DF	MS	F
A (Group)	0.158	3	0.053	1.054
B (Cue)	3.585	6	0.598	11.982*
A X B	2.551	18	0.142	2.841*
Residual	19.551	392	0.050	
Total	25.845	419		

*p .01

TABLE 12

MEAN UTILIZATION COEFFICIENTS BY CUE BY GROUP

Experienced Counselors (n = 15)	Mean	SD
Activity Level	-0.081	0.270
Advice Giving	0.235	0.211
Confrontation	0.113	0.219
Genuiness	0.148	0.226
Interpretation	0.040	0.172
Reflection	0.159	0.168
Warmth	0.316	0.205

Clients (n = 15)	Mean	SD
Activity Level	0.053	0.302
Advice Giving	0.199	0.240
Confrontation	0.084	0.190
Genuiness	0.078	0.246
Interpretation	0.205	0.209
Reflection	0.086	0.230
Warmth	0.310	0.299

Students (n = 15)		
Activity Level	0.031	0.173
Advice Giving	0.383	0.272
Confrontation	0.154	0.134
Genuiness	0.197	0.219
Interpretation	0.186	0.144
Reflection	0.121	0.185
Warmth	0.181	0.185

General Population Sample (n = 15)		
Activity Level	0.163	0.315
Advice Giving	0.220	0.250
Confrontation	-0.054	0.200
Genuiness	-0.025	0.182
Interpretation	0.320	0.242
Reflection	0.151	0.222
Warmth	0.443	0.218

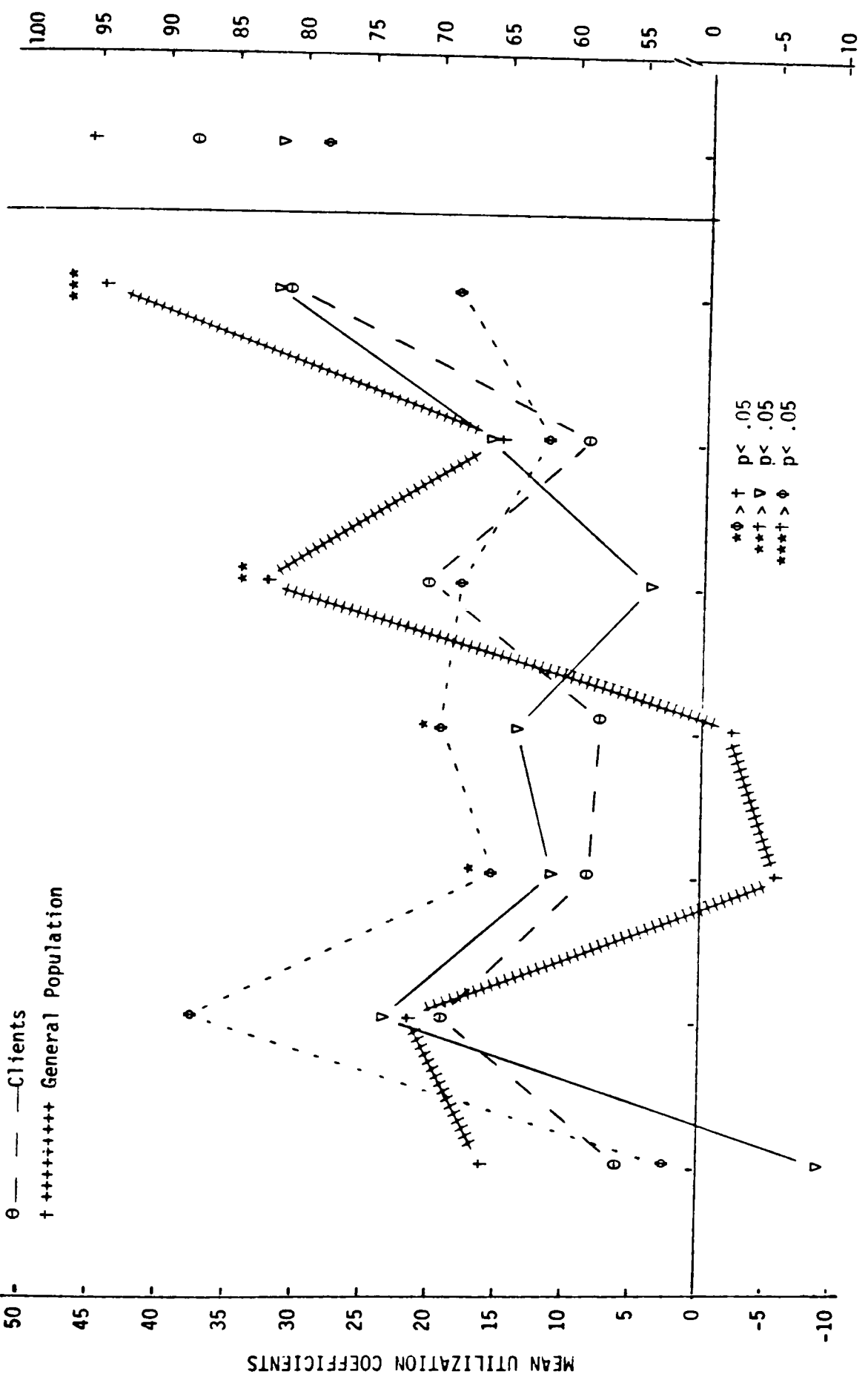


FIGURE 3
Mean Utilization Coefficients by Cue

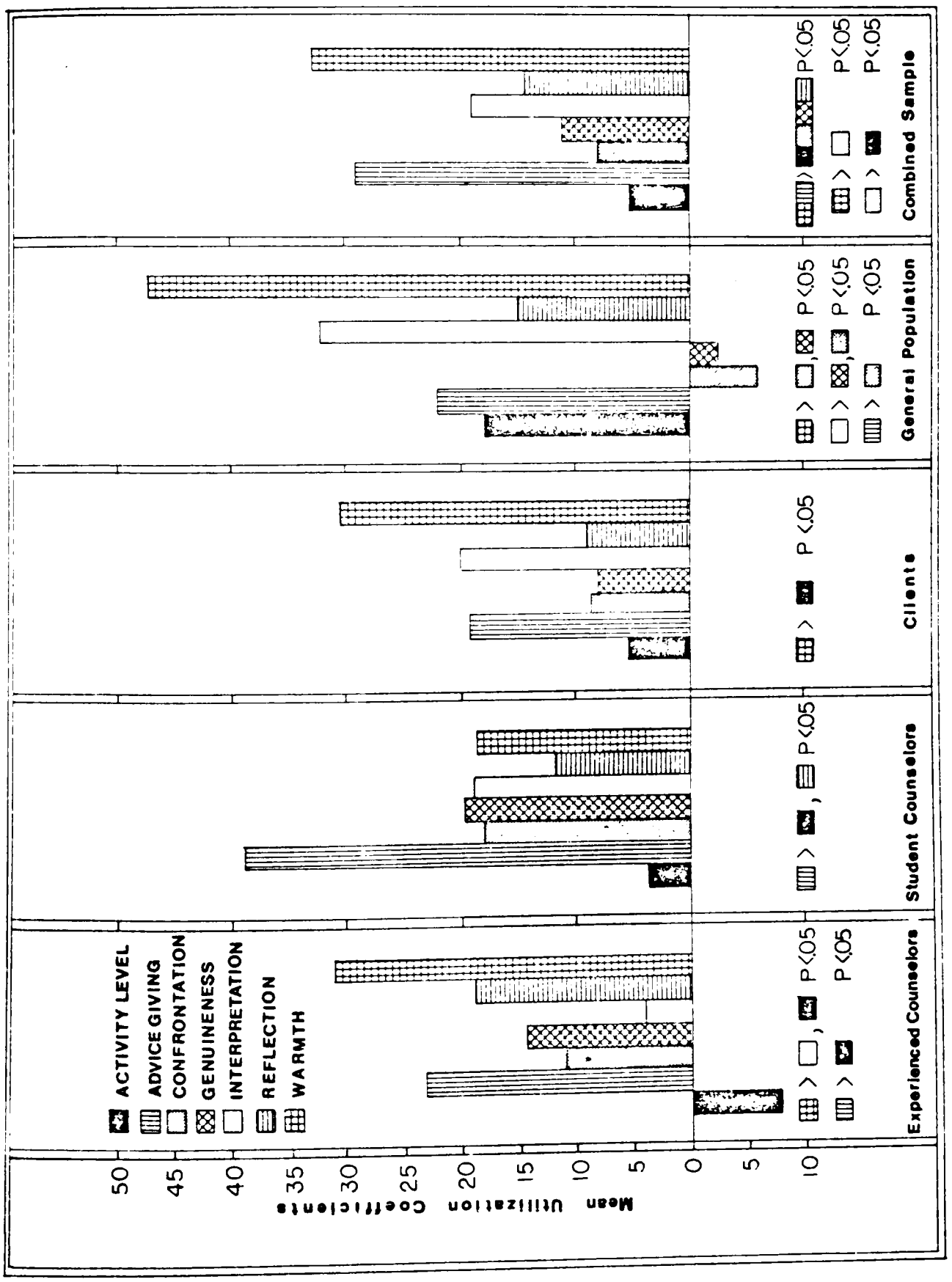


FIGURE 4
Mean Utilization Coefficients by Group

advice-giving cues were both used significantly more than activity level for this experienced counselor group. The utilization coefficient for warmth was also significantly greater than that for interpretation. No significant difference between advice-giving, confrontation, genuiness, reflection, and warmth was demonstrated for this group. The utilization coefficients within this group indicated an importance on warmth and advice-giving.

Student Counselors. The student counselor group utilized advice-giving significantly more than the cues of activity level and reflection (see Figure 4). No difference between the utilization of the other cues was noted. Overall, it would seem that advice-giving was the single most important cue being utilized by the student counselors.

Clients. The client group tended to utilize the warmth, advice-giving, and interpretation cues in assessing quality therapy. The utilization of warmth for the client group was significantly greater than their utilization of activity level. No other significant differences were demonstrated in the utilization coefficients of the various cues for the client group. From the data observed, it would appear that the client group utilized warmth, interpretation, and activity level in assessing quality therapy.

General Population Sample. The cue utilization strategy in the assessment of quality therapy appeared more extreme

and well defined for the general population sample than for the other groups. The four cues with the greatest utilization coefficients for this combined sample were warmth, interpretation, advice-giving, and activity level. Significantly higher utilization coefficients for the warmth and interpretation cues were demonstrated than for the cues of confrontation and genuiness (see Figure 4). This group also utilized the advice-giving cue significantly more than the confrontation cue. No significant difference in comparing other observed means was demonstrated. It would thus appear, that the general population placed importance on the cues of warmth, interpretation, advice-giving, and activity level, and that they utilized these cues in the assessment of effective therapist behavior.

Utilization Patterns Across All Groups. If one observes the relative utilization of cues across all sixty subjects, several significant differences appear. Table 13 presents the results of a one-way analysis of variance of the utilization coefficients for the seven cues. The means and standard deviations for those cues obtained by combining samples are presented in Table 14. Tukey's HSD was used to compare the difference between the usage of the various cues. Figure 4 illustrates the combined groups' usage of the seven cues. Warmth, advice-giving,

TABLE 13

ONE-WAY ANALYSIS OF VARIANCE FOR COMBINED GROUPS' UTILIZATION COEFFICIENTS BY CUE

SV	DF	SS	MS	F	P
Between Groups	6	3.5849	0.5975	11.085	.001
Within Groups	413	22.2607	0.0539		
Total	419	25.8456			

TABLE 14

MEANS AND STANDARD DEVIATIONS OF COMBINED GROUPS' UTILIZATION COEFFICIENTS BY CUE

Cue	$\bar{X}$	SD
Activity Level	0.0416	0.2780
Advice-giving	0.2592	0.2488
Confrontation	0.0743	0.1997
Genuiness	0.0996	0.2298
Interpretation	0.1876	0.2149
Reflection	0.1295	0.1996
Warmth	0.3124	0.2437

and interpretation were the most highly weighted cues in assessing quality therapy when all subjects were considered. The analysis further indicated that the utilization coefficient for warmth was significantly greater than that for either activity level, confrontation, genuiness, interpretation, or reflection. The utilization coefficient for advice-giving was significantly higher than was the correlation for activity level, confrontation, genuiness, and reflection. Interpretation was utilized significantly more than activity level. The overall usage of the various cues for the combined sample indicated a preference for warmth, advice-giving, as well as a slight preference for interpretation.

Factor Analysis

The factor statistics for the combined sample (N=60) of tasks and cues appears in Table 15 and reports the communality of each cue and the three factors which were produced in a varimax rotation. Both cumulative percentages and percent of variance are noted. The factor analysis identified three major clusters (factors) in the analysis of utilization coefficients for the groups. Since there is not a single agreed-upon standard procedure in determining the cut-off point of the factor loadings, significant weighings of .40 and above are identified as variables

TABLE 15

FACTOR STATISTICS

Factor	Factor Name	Factor Variance	Cumulative Percent Variance
I	Active Therapist	45.0	45.0
II	Experiential Therapist	32.7	77.7
III	Analytic Therapist	22.3	100.0

Communality of Variables

Activity Level	0.998
Advice-giving	0.443
Confrontation	0.691
Genuiness	0.572
Interpretation	0.362
Reflection	0.784
Warmth	0.264

Varimax Factor Loading with Iterations

Factor I (Active Therapist)

Activity Level	0.951
Advice-giving	0.563
Reflection	-0.540

Factor II (Experiential Therapist)

Confrontation	0.725
Genuiness	0.610
Warmth	-0.511

Factor III (Analytical Therapist)

Interpretation	0.524
Reflection	0.676

contributing the major portion of variance to factors extracted and in the discussion of those factors. It is recommended that a minimum sample size of 100 be used to ensure enough variance exists which will allow for true factors to be extracted. Therefore, interpretations of less than 100 sample size should be made with caution.

Noted in Table 15, is that three distinct factors emerged, accounting for the total variance. Factor I depicted an Active Therapist and accounted for 45% of the variance. High factor loadings were given in activity level and advice-giving cues. Negative factor loadings for the responses of these subjects indicated that reflection is not rated highly. Factor II, Experiential Counselor, accounted for 33% of the variance and consists of loadings on confrontation and genuiness. Warmth was loaded negatively on this factor. Factor III, Analytical Therapist, loaded on two cues, interpretation and reflection. This factor accounted for 22% of the variance.

This chapter presented the results and analysis of data for this investigation. General sampling statistical analysis, hypothesis testing, and related other findings were followed by a presentation of a factor analytical comparison of the combined sample responses. The next chapter relates the various findings and presents discussions and conclusions derived from this analysis.

TABLE 16

UTILIZATION COEFFICIENTS FOR EXPERIENCED AND STUDENT COUNSELORS BY CUE BY SUBJECT

Experienced Counselors

Subject	Cue 1	Cue 2	Cue 3	Cue 4	Cue 5	Cue 6	Cue 7
1	-.107	.291	.408	.378	-.010	-.103	.224
2	.265	.523	-.009	.275	.108	-.089	.470
3	.134	.237	.037	.379	.347	.201	.059
4	-.015	.212	.164	.309	.301	.309	.474
5	.341	.186	.132	-.164	.197	.339	.262
6	.107	.400	.071	.293	.086	.298	.622
7	-.125	.011	.007	.178	-.074	-.006	-.074
8	-.226	-.202	.190	-.034	-.149	.272	.351
9	-.080	.279	-.334	-.214	-.066	.066	.597
10	.041	.413	.088	.576	.046	.110	.440
11	-.273	.548	.448	.235	-.217	.089	.168
12	-.137	.344	-.002	.059	-.039	.191	.317
13	-.616	.000	.412	.045	.176	.384	.172
14	-.581	-.018	.345	-.063	-.180	-.036	.126
15	.055	.304	-.001	-.027	.125	.364	.527

Student Counselors

Subject	Cue 1	Cue 2	Cue 3	Cue 4	Cue 5	Cue 6	Cue 7
1	.202	.311	.244	.157	.365	.270	.476
2	.119	.181	.048	.289	.454	.364	.211
3	-.031	.372	.153	.386	-.031	.191	.248
4	.046	.218	.178	.323	.133	.205	.092
5	.169	.641	.245	.198	.186	.059	.036
6	.150	.732	.113	-.085	.184	-.118	-.114
7	.344	.509	.046	.300	.225	-.128	-.094
8	-.238	.684	.307	-.132	.100	-.153	.065
9	.052	.339	.399	.632	.093	.067	.149
10	.018	.964	-.050	.154	.148	.105	.548
11	.152	-.060	-.025	.050	.208	.037	.258
12	-.315	.199	-.003	-.145	-.109	-.070	.040
13	-.079	.159	.316	.066	.230	.258	.283
14	-.131	.178	.165	.363	.326	.411	.265
15	.013	.316	.179	.395	.276	.317	.247

Cue 1 = Activity level
Cue 2 = Advice-giving
Cue 3 = Confrontation
Cue 4 = Genuiness
Cue 5 = Interpretation
Cue 6 = Reflection
Cue 7 = Warmth

TABLE 17

UTILIZATION COEFFICIENTS FOR CLIENTS AND GENERAL POPULATION BY CUE BY SUBJECT

Subject	Cue 1	Cue 2	Cue 3	Cue 4	Cue 5	Cue 6	Cue 7
1	-.322	.045	.050	.132	-.169	.322	.000
2	-.288	.271	.380	.079	-.027	.100	.165
3	.168	.423	-.101	.206	.345	.104	.423
4	.167	.137	.085	.198	.116	.224	.304
5	-.579	-.142	.414	-.237	.093	.260	.418
6	-.130	-.034	-.142	.085	.130	.313	-.223
7	.110	.106	-.092	-.180	.197	.153	.813
8	.124	.049	-.192	-.189	.083	.087	.946
9	.158	.406	.326	.251	.215	.110	.198
10	.253	.258	.069	.066	.154	-.365	-.036
11	-.267	-.091	.173	-.390	.119	.058	.445
12	.390	.741	.093	.439	.248	-.454	.291
13	.406	.394	.239	.508	.531	.311	.221
14	.444	.379	-.051	.024	.664	-.079	.276
15	.161	.041	.002	.182	.369	.149	.413

General Population Sample

Subject	Cue 1	Cue 2	Cue 3	Cue 4	Cue 5	Cue 6	Cue 7
1	.247	-.098	.081	.121	.459	.352	.313
2	.432	.554	.094	.311	.414	.199	.294
3	.037	.281	-.048	-.081	.285	.102	.215
4	.252	.239	.006	-.045	.313	-.067	.228
5	.378	.336	-.037	.101	.430	.131	.345
6	.026	.032	.341	.074	.653	.287	.186
7	.927	.185	-.323	-.004	-.043	-.212	.419
8	.137	.531	-.028	.078	.416	.325	.229
9	-.055	.023	-.460	-.312	.032	.181	.515
10	.052	.197	-.143	-.205	-.030	.015	.581
11	.118	.303	-.240	.039	.249	.112	.961
12	-.577	-.370	.210	-.425	.347	.726	.542
13	.028	.418	-.031	.040	.027	-.068	.701
14	.171	.493	-.152	.010	.483	.030	.627
15	.273	.176	-.074	-.076	.767	.159	.487

Cue 1 = Activity level
Cue 2 = Advice-giving
Cue 3 = Confrontation
Cue 4 = Genuiness
Cue 5 = Interpretation
Cue 6 = Reflection
Cue 7 = Warmth

CHAPTER IV

DISCUSSION

It seemed from the results of this investigation that judgments of quality therapy by the groups under investigation were not readily predictable from related empirical evidence concerning preference and/or expectations of therapy. The data reported in this study, rather, appeared to support the position of several investigators that a wide range of therapist behavior is considered to be effective (Reisman and Yamokoski 1974; Venzor, Gillis, and Beal, in press). In light of the demonstrated results, it does not seem totally credible to speak of past environmental and core conditions in psychotherapy as being sufficient elements in quality therapy, but rather when taken in context with a variety of strategies, tactics, and techniques, certain traditional variables do indeed enhance the assessment of quality therapy.

This chapter first discusses the findings concerning the expectations and hypotheses advanced. Next, non-hypothesized results are discussed and integrated with the overall cue utilization schema for the groups under investigation. Results of one factor analysis of cue responses are then discussed, and finally, the conclusions drawn from

the study as applied to counselor education and suggested directions for future research are considered.

A Priori Findings

The principal results regarding hypothesized expectations briefly indicated that past findings regarding therapist and client's preferences, expectations, and behaviors were not readily supported using this Brunswikian approach to the assessment of quality therapy. Based on prior studies of expectancies and preferences, it was expected that clients and therapists, when asked what they consider critical to effective therapy, would respond in a traditional manner, i.e., counselors should be helping, warm, understanding, and nurturing. However, this study indicated that when the clients and therapists responded to actual descriptions of counselor styles, they judged quality therapy on quite another basis. This study, therefore, in viewing what techniques, tactics and strategies a person would judge to be effective in therapy without asking the person what he prefers or likes, may indeed be an accurate assessment of therapist preference by both clients and therapists. The task in this study required the subjects to respond to the therapy environment and all of the cues of that environment *in toto*, rather than respond individ-

ually to warmth, empathy, or describe what they expect and/or prefer.

Past research has indicated that experienced counselors used more confrontations than non-experienced counselors and that non-experienced counselors tended to choose peer counselors that were low in dogmatism and allow exploration (Steffle, King, Leafgren 1962, Strupp 1960, McCarron and Appel 1970). Based upon conclusions drawn from these studies, Hypothesis I was advanced. Quite surprisingly, the opposite was demonstrated. Cue utilization patterns for these groups suggested that experienced counselors used confrontation as an indicant of effective therapist behavior to a lesser degree than did student counselors. Again, for the advice-giving tactic (although not significant), the student counselor utilized this cue to a greater extent in assessing effective therapist behavior than did the experienced counselor. It seemed from this, that the more active, directive styles suggested by confrontation and advice-giving represent quality therapy to the novice counselors, and conversely, more experienced counselors considered more passive styles and personal qualities critical.

It was also expected that counselor groups would utilize the cues of confrontation, interpretation, and advice-giving to a greater extent than would the non-counselors. Combined for analysis in this way, counselors did not

utilize any of these cues more than the non-counselor groups. (However, the student counselors did utilize confrontation more than did the general population sample.) Quite the opposite of what was expected, but in line with Reisman and Yamokoski (1974), was the utilization of interpretation by the non-counselor group. This group utilized this expository cue to a greater extent than did the combined counselor groups.

It appears that these findings suggest a rather distinct departure from traditional expectations and preferences for a kind, accepting and friendly counselor (Grater 1964) by a non-counselor group, and towards an expository style if the warmth relationship is previously existent. And further, the more experienced the counselor becomes, the more his critical ingredient judgments differ from those of the clients.

The third hypothesis suggested that the non-counselors would utilize the cues of warmth, advice-giving and genuiness more than would the counselors. The data in the analysis for the combined groups of counselors and non-counselors did not yield any significant difference between the means of advice-giving. However, a difference between counselors in the utilization of the genuiness cue approached significance in the opposite direction as hypothesized and expected as a result of traditional beliefs.

This again appeared congruent with recent empirical evidence demonstrating a departure from many traditional beliefs (Reisman and Yamokoski 1974, Venzor, Gillis and Beal, in press). Interestingly, the general population's cue utilization coefficient for this genuiness cue was slightly negative. This indicated, although it must be remembered that the result was not significant, that the more genuine the counselor was, the less effective this group would rate his therapy! The third hypothesis was not supported on the warmth dimension. Although not significant, the combined non-counselor sample used the warmth cue to a greater extent than did the counselor group. Non-counselors, thus, seemed concerned that their therapist be warm and friendly, but given this, that he be an active, directive individual. Less concrete personal qualities such as "genuiness" were not of much importance.

An overall view of what was expected as a result of past empirical research on therapist behavior and client preference or expectations suggested that groups associated with psychotherapy have some ideas concerning what they like and consider to be good when asked specific questions. When hypotheses were advanced concerning these likes and these groups were requested to respond to psychotherapist behavior as it may indeed exist in practice, the departure from past research conclusions is noteworthy.

Cue Utilization in the Assessment of Quality Therapy

These data do not specifically indicate that what has been demonstrated in the past, i.e., typical behavior of counselors and preferences of counselor behavior by clients, are critical elements in quality therapy. These data do indicate that diverse cues when described in an integrated fashion (as therapy would actually seem to be) are used differentially and more importantly than other cues in assessing effective therapist behavior.

In the discussion that follows, the actual cue utilization schemas for the four groups under investigation as well as a combined utilization for all subjects are presented. Again, it is important to note that in assessing the cue utilization patterns of the various groups, that their multiple correlation coefficients did not differ. Lack of differences in this multiple R, a measure of consistency, indicated that the groups did not differ significantly in the extent to which they were consistent in their weighing strategies (how they arrive at a decision) over the series of trials. The multiple R's for the various groups were all high and in no case was less than .77. Rather, any difference between groups represented an actual difference of how the groups were using the specific cues in assessing effective therapist behavior rather than the groups simply using unrelatable strategies in making their judgments.

Patterns of Cue Utilization

(1) Experienced Counselors: The experienced counselor group in assessing effective therapist behavior utilized the cues of warmth and advice-giving to a greater extent than the other cues available in the task. Warmth was used significantly more than activity level. The composite profile of the experienced counselor's utilization coefficients depicted a warm counselor who often called upon his own experience in offering advice to the client. This counselor seemed to use reflection and advice-giving in a rather warm passive environment. The surprising characteristic noted in the data for the experienced therapist is the negative utilization of the activity cue. This negative correlation may have resulted from role expectations adapted through training in a traditional mode. It is interesting to note that past theorizing (Small 1971) suggested that therapist activity was the main distinguishing characteristic between a psychotherapist and a psychoanalyst. Others noted that therapist activity was important in working with low socio-economic groups and depressives (Baum and Felzer 1965, Gross 1968). Although some theorists indicated that quality and quantity of therapist activity may be unique to various schools of psychotherapy, this may not indeed, be the case. In the experienced counselor group used here, 10

of the 15 considered themselves to fall either outside of the traditional therapies (analytic, TA/Gestalt, behavioral and RET, or client-centered) and into some other distinct category or eclectic. If this is the case, it would indeed seem that therapist activity in itself was considered to be nearly as important in treating a variety of problems as many of the myriads of other strategies and tactics may be. The negative usage of this cue by the experienced counselor was noteworthy. If activity is the mode for many strategies and tactics, it would seem the lack of activity suggests quite strongly that these counselors take a passive demeanor in interaction with the client, who quite opposite, wanted the more active encountering behavioral repertoire.

(2) Student Counselors. The student counselor in assessing quality therapist behaviors relied predominantly on the advice-giving cues throughout the rating task. These subjects used advice-giving significantly more than either reflection or activity level. There was little variation between the cues of confrontation, genuiness, interpretation, and warmth for this group. Again, as do the experienced counselors, this group utilized the activity level cue to a lesser degree than did the non-counselor groups.

Of the four groups under investigation, these subjects used advice-giving to a greater extent than did the other groups. In addition to heavily weighting advice-giving, the warmth correlation for this group was the lowest of the

correlations demonstrated for the warmth cue by any group.

The use of advice-giving by these student counselors in the assessment of effective therapist behavior appears contradictory to earlier reports that student counselors preferred peers who were essentially non-dogmatic and who used exploratory styles (Steffle, King, and Leafgren 1960).

Analysis across all four groups showed no difference between them on age and education. Since psychotherapeutic experience seemed to be the variable distinguishing experienced counselors from the students, one might have expected that the difference in cue utilization patterns between these groups regarding advice-giving and warmth may have resulted from a functional application of skills in in vivo psychotherapy practice. Reisman and Yamokoski (1974) suggested that expository responses were preferred in friendship situations. If warmth exists in friendship relationships, as one may expect, to such an extent that advice-giving and interpretation (expository responses) are allowed, it would seem that the student counselors' diversity of advice-giving and warmth might not be congruent in a psychotherapy setting. The fact that both student and experienced counselors found advice-giving useful, and that the experienced group considered warmth useful while the neophytes did not, may have suggested that the students were more tactic oriented and did not value personal qualities

to the extent that experienced counselors value personal qualities. If psychotherapy does resemble a friendship and warmth is an integral part of that friendship, one might expect the student counselor to change over time and reflect what might be a more functional usage of warmth and advice-giving as demonstrated by the experienced counselor group.

(3) Clients. The client group in assessing effective therapist behavior utilized the cue of warmth to a greater extent than any of the other cues. This group used the warmth cue significantly more than advice-giving. In addition to the strong dependence on warmth, the client group used interpretation and advice-giving more than confrontation, genuiness, and reflection.

Assessment of cue utilization in judgment situations is a way of viewing and assessing quality therapy in a more indirect, but hopefully more functional, method than has been used in previous research. Past studies indicated that clients have a variety of preferences for components of psychotherapy. Among these stated preferences was warmth as opposed to expertise (Grater 1964), sex or age of therapist (Boulware 1970), and direct versus less direct tactics (Devine and Fenwold 1973). The striking theme one might identify in past results concerning client preferences is their diversity; these preferences vary across samples, and among individuals within those samples. The data obtained

in this investigation indicate that the techniques of advice-giving and interpretation, i.e., expository styles, were utilized as essential in estimating quality therapy when an overall warmth existed. This represented some departure from (1) what traditional training in the non-directive (including neo-Rogerian) schools may indicate as necessary for change, i.e., exploratory versus expository, and (2) what many researchers have derived from traditional methodological approaches to assessing preference for therapist style, i.e., asking clients what they prefer. As noted in Venzor et al. (1976) and Slovic and Lichenstein's (1973) research, clients can state a preference for the personal characteristics of therapists, but respond favorably to a variety of rather disparate approaches to psychotherapy, some of which may be thought incongruent with the personal qualities preferred. More specifically, as Venzor et al. indicated, that clients tended to describe nurturing characteristics as preferred traits for a therapist, but recognized a range of tactics and strategies as being helpful. The results of this study would lend credence to Venzor's findings, but suggest that due to the high warmth coefficient, a safe, warm, secure relationship may need to be existent before diverse exploratory tactics and strategies (that they want) can be implemented.

This client group utilized activity level to a greater

extent than did the counselor groups, but to a lesser extent than they did the other cues in the tasks.

The combined utilization of this group, when a result form assessment of the actual multiple cue relationship of the psychotherapy dyad being portrayed in the Brunswikian framework, provided a most tenable supporting position for the growing body of research that indicates empathetic helpful characteristics are not always preferred, desired, or effective. Two of the predominantly Rogerian cues, reflection and genuiness, were utilized to a lesser extent by this group than any of the more directive expository techniques. This departure from the traditional assumptions underlying the non-directive school, would seemingly support Strupp's (1972) conclusions, i.e., Rogerian qualities may be necessary, but are not sufficient conditions for therapeutic change.

(4) General Population Sample. The general population sample consisted of people who had had no previous experience with therapy. This group utilized warmth, interpretation, advice-giving, and activity level, in that order, in assessing effective therapist behavior. The correlation coefficients for warmth, interpretation and advice-giving were significantly greater than those for both confrontation and genuiness. It would appear that the utilization profile for this group, like that for the client group, indicated a preference for therapist behavior that was expository

although in the context of a warm relationship. The negative weighing of confrontation and genuiness suggests that behavioral aspects of sharing feelings and pointing out discrepancies to this group were not as respected as the expository tactics of interpretation, advice-giving, and activity level.

Of the various groups under investigation, it appears that this group attaches a greater importance to the amount of activity level that may be encountered in the psychotherapeutic interaction.

(5) Combined Groups. Several interesting trends appeared when the utilization profile of the combined (N = 60) groups was studied. There were several noteworthy combined weighing schemas for this pooled sample. The overall use of warmth and advice-giving was the single most striking result. These cues were utilized significantly more than all other cues with the exception of interpretation, which was significantly less used than warmth, but used more than activity level.

As noted above, the suggestion is that a therapist's behavior will be effective if an overall caring relationship exists (shown by the warmth cue). Against this background of a warm caring relationship, the combined groups valued a direct, active expository style.

In viewing the change in several of the cues as subjects had more contact with therapy (assuming that the four

groups under investigation varied in experience with therapy from most familiar:experienced therapist, to less familiar:general population sample) several interesting patterns emerged. The mean correlation coefficients for both activity level and interpretation cues decreased as a person became more familiar with therapy. Some researchers (Rogers 1962, Reisman and Yamokoski 1974) have suggested that certain elements of friendship are comparable to elements of psychotherapy. If activity level and interpretation are elements usually found in friendships, i.e., "maybe this is why you feel this way", one might expect these variables to be important in psychotherapy. This rather drastically was not the case. The more conservative use of these cues in the direction of increased experience may suggest that therapists were not willing to invest energy for quick change (result of activity level), but rather to retain a passive and conservative but consistent demeanor in psychotherapy approaches. The utilization of the interpretation cue for the general population sample far outweighed the usage by the experienced therapist group. A tenable conclusion based on this variation exists in self-analysis and approaches to problem solutions, i.e., for the general population "how did I go wrong", for the experienced therapist sample "where are you now and how can you change".

An overall view of the utilization profiles indicated that as formal therapy training increases, therapists in

this study appeared to move farther away from what clients think is useful. Our data shows that the therapies are less like friendship relations, and accordingly, client judgments here would seem to indicate that their demeanor is not effective.

Implications of the Factor Analysis of Utilization Coefficients

A factor analysis of responses to the 35 tasks was computed (see Chapter III). The results of this analysis provide comparisons between the components of the three factors that were identified.

Factor I. In assessing the cues that contributed to the variance for Factor I, the influence of activity level and advice-giving was noted. This Active Therapist utilized directive strategies, as described by this factor, but did not utilize client-centered techniques (Rogers 1962). Important to this factor, the specific negative loading of the reflection cue suggested that the possible mode of warmth and genuiness (other non-directive factors under investigation) was not present in the therapeutic style of this counselor.

Factor II. The second factor, Experiental Therapist, although not as directive as the first, portrayed a counselor who confronted his clients with discrepancies noted and behaviorally encountered the client with disclosures of his

own feelings and reactions. This was suggested by the factor loadings of both confrontation and genuiness. This counselor did not use warmth as a psychotherapy tactic, and suggested by the negative loading of warmth, does not exist in the style described. Rather this encounter and experiential type of therapist uses give and take strategies as the predominant components in his dyadic repertoire. Factor III. This factor, Analytic Therapist, quite clearly illustrated what may be a traditional analyst's approach to tharapy. Two cues, interpretation and reflection, accounted for this factor's variance, and suggested that this therapist listens to his client, relates what he has heard, and then attempts cognitive restructuring through providing insight via interpretation.

Implications of Results for Counselor Education

The principle result of this study, i.e., clients and therapists found acceptable a diversity of tactics and strategies in a warmth relationship, may be indicative of a growing sophistication of the populations that enter treatment. If this is the case, training future therapists and counselors may well include training in both traditional and non-traditional approaches to problem solving, crisis intervention, and supportive counseling. Considerable evidence exists that with congruence of client expectations

and actual therapist behaviors treatment was more effective than when an incongruity of expectations and behaviors existed (Goldstein 1962, Sandler 1975, Gulas 1974). Since the single most utilized cue in the assessment of quality therapy in this investigation was warmth, it would seem that training for the portrayal of warmth may well be the initial concern of the counselor educator when traing the novice. Whether warmth is an integral component of the therapist's personality or the actual learning and role playing of a behavioral medium would seem to be subordinate to the question, "Does warmth exist?" Once a basic core condition is demonstrated by the counselor, the major emphasis in his training would seem to be the acquisition of expository skills. The specific skills that have been suggested as a result of cue utilization for the various groups are advice-giving and interpretation.

Advice-giving in itself does not suggest any specific treatment strategy, It does, however, imply that the therapist be seen as an expert. In practice, advice-giving can be the result of several specific strategies, i.e., a systematic approach to problem solving, the ability to suggest a variety of alternate behavioral patterns and affective responses. Advice-giving if it is to be an effective expository style, may be the result of the application of knowledge to specific problems. If this is the case, the ultimate training model for advice-giving would seem to be a

treatment paradigm that is problem specific. For example, if a person presented a problem with insomnia, the counselor would scan his template and list the ways in which insomnia can be cured. Before such a manner of advice-giving is employed, it would seem that an essential ingredient in effective counselor training would be exposure to a variety of therapeutic approaches: a kind of informed eclectic, much like that suggested by Lazarus (1971) would be created.

Interpretation was also seen as valuable by clients. A variety of scaling, training, and assessment methods for the skillful use of interpretation are available (Truax 1971, Carkhuff 1969, Strupp 1957). Some theorists have argued that "no miss" interpretations enhance the power of the therapist and contribute to the ultimate success of the client (Gillis 1974, Haley 1971). Our findings here suggest why this is so: this is what clients expect and want of therapists. Others have suggested that interpretation is actually a series of client-specific operations aimed at providing insight (Strupp 1960, Carkhuff 1969). Regardless of what reason a counselor uses interpretations for, interpretations would seem to add to the assessment of quality, and therefore, are worthy of counselor educators' energies.

The findings related to warmth utilization by the non-counselor groups, i.e., warmth covaried with the ratings of effective therapist behavior to a greater extent than did the other cues, may suggest that a selection criterion

concerning a "warm" individual is warranted. This appears especially important in light of the findings that the student counselor group used predominantly the advice-giving cue with low warmth in assessing effective therapist behavior. This profile, when compared with the client and general population's cue utilization profile, was indicative of extremely different views of what constitutes effective therapist behavior. Since it has been demonstrated that clients tend to be satisfied with and gain more from their psychotherapy experience when their preferences are met and since the clients and general population placed extremely high importance on the warmth dimension, it would follow that the selection of individuals with warmth characteristics may reduce the time required to train neophyte counselors and overall produce more effective results. More time could be spent in training expository tactics and strategies that were also rated high by the non-counselor groups. The assessment of personal warmth in counselor applicants could be achieved by having the applicant discuss a problem with a "friend" in a role playing analog. A variety of scales that are available could be used to assess the applicant's usage of warmth and his intensity in portraying this core condition.

Following both a selection of counselors high in warmth and training in expository skills, a further implication from this and related research on the viability of a

variety of tactics is found in what may be a competency based evaluation of the student's performance in the counselor training core. Since a variety of scaling devices that measure both presence and intensity of counselor tactics and core conditions exist and since it seems that several of these core conditions and strategies were important to the client and general population sample, the necessity for the neophyte counselor to demonstrate a minimal effective level of certain skills may be indicated. If a counselor trainee was not able to demonstrate a sufficient level of quality in a required skill or condition, as measured by several reliable instruemnts, retraining in that area before completion of degree requirements may indeed enhance each counselor's effectiveness and thereby enhance the effectiveness of counseling in general. It would seem that if the student counselor could portray minimal levels of the core conditions and tactics, then he may directly meet the preferences of his clients.

Although the cue utilization coefficients for the other cues was not as great as the utilization for warmth, advice-giving, and interpretation, it is not suggested that they be viewed as unimportant. It is rather suggested that certain elements are more crucial to effective therapy, and that training in the more crucial areas may indeed be more efficacious and overall productive than emphasis on less

crucial therapeutic variables.

An interesting approach to the applicability of these results and past research implications might be found in training counselors in the ability to assess client preferences and to match these preferences or to modify the client's preferences to match the style of the therapist via specific training before counseling begins.

Recommendations for Future Research

The attempt to ascertain the essential ingredients of effective counseling and behavior suggests other possibilities for research within the probabilistic model, and with considerable value for counselors, within a training model. Questions advanced as a result of the ease with which Brunswik's paradigm was applied to psychotherapy research include the following: (a) Are the non-directive techniques (warmth, reflection, empathy, and genuiness) specific to counselors trained in the Rogerian framework, or can they be applied across the directive/non-directive continuum? (B) Will differential utilization of cues result as a function of type of client presenting problem? (C) Can client satisfaction be enhanced as a function of client education and modification of preference to match the counseling style of assigned counselors? (D) Do counselors' behavior during a psychotherapeutic interview reflect their cue utilization

schemas? and (E) Did the difference between the general population sample and the client group result from a modification of preference via therapy or did the difference result due to the client's crisis situation. These various research topics are discussed below.

A noteworthy aspect of the utilization profile of the four groups is indicated in the predominate usage of a directive cue in only one case, i.e., student counselors' strong preference for advice-giving. There is concern over the applicability of assessing core-conditions (empathy, warmth, genuiness, reflection) as applied to therapists trained and associated in a directive school as the conditions are a function of positive outcome. Strupp (1970) has suggested that the parameters of therapy lie on a plane separate from theory. Zimmer and Pepyne (1971), on the other hand, claimed that counseling style may be the direct result of theoretical orientation. Brunswik's lens model, in this study has been demonstrated to be an efficacious approach in assessing therapy preference and holds considerable promise as a functional methodology for psychotherapy assessment. A viable approach to clarifying discrepant viewpoints concerning the extent to which parameters of theory and therapy interact may exist in an application of the Brunswikian methods. A comparison of utilization coefficients resulting from an analysis of the responses to a multiple-cue task (such as was done in this research) by

therapists who identify themselves as either: option (1) a non-directive or directive style, or option (2) a follower of a specific school, TA, Gestalt, RET, analytic, or client-centered, may clarify the utilization patterns. It may be expected that client-centered and non-directive counselors would utilize the non-directive strategies to a greater extent than the counselors who identify with a directive approach. In the event there are no differences between the groups, the parameters of theory and therapy would indeed be different.

Past research indicated a difference exists in therapist preference as a result of the type of problem being presented (Mink 1964). Again, the Brunswikian paradigm offers a functional assessment of a differential utilization of cues (preference) by type of problem being presented. The identification of clients with a variety of problems, i.e., marital (male and female), personal, vocational, grief (death of a significant other) and so forth, followed by an assessment of the groups utilization schema of available therapist tactics, would provide much needed data to match preference with style. By matching the style with the problems presented, not only is the overall power of the therapist enhanced, but client satisfaction is accentuated. Even more important, the resolution of the problem via the application of specific strategies would

maximize effective use of therapist-client contact time.

An interesting research question results from empirical studies that suggest as congruence of client's expectations of therapist behavior and actual therapist behavior are achieved, client satisfaction is enhanced. Attempts made to either match client expectations or modify client expectations with therapist behavior may ultimately effect positive therapeutic outcome. Client expectations and/or preferences can possible be modified in a relatively simple short timed training session. Several possible approaches at modifying client preferences are available: (A) As an adjunct to an initial intake process, a client could be required to view a videotape of a therapist (role played) who uses similar strategies and has similar levels of the core conditions as the counselor who will be assigned to the client. Following this videotape presentation, a discussion with staff member (colleague of prospective counselor) over the efficacy of the taped therapeutic style may aid in modifying the clients set, or create a response set favorable to his assigned therapist; (B) A second possible way of modifying a client's preference exists in an application of Brunswik's paradigm. The behaviors of any given therapist can be profiled similar to a bar graph, i.e., bars equal strategies used by the therapist. Written bar graphs, similar to this study's, that actually reflect and approximate a client's prospective counselor as well as

other written descriptions could be presented to the client. This would create a multiple cue assessment task for the client. The client could be instructed to judge the therapist's effectiveness, and would then receive feedback concerning his judgment, i.e., "No, this counselor is much less effective/much more effective". This strategy, having the client assess each therapist's written description, would continue until the client successfully approximates (rates high) those behavioral descriptions that closely reflect the style that his assigned counselor will have. With this congruence of rating and positive feedback by the person presenting the tasks (an expert), it is assumed that the preference for the behaviors his therapist will demonstrate will become integrated into the client's judgment schema.

The actual measurement of the effects of these modification ventures, takes place with an analysis of behavioral outcomes, self-report (client) satisfaction, and other objective measures. Comparisons with a control over the outcome measures would indicate if attempts at modification do have an effect on therapy outcome.

A further interesting approach in matching client preferences and therapist style in a variety of settings may be completed in a relatively easy and straightforward manner. The initial task in this approach requires the completion of a description of each therapist available on

the core conditions and on types of tactics and strategies used by that therapist. These are easily obtained through self-rating and peer assessment. The next task involves the client describing what type of therapist he would like. The matching of what the client would like in a therapist and therefore, the ideal therapist for that client, could be completed with relative ease, i.e., identifying what the client wants and matching that descriptive with the descriptives of the therapist. If past research indicated that client satisfaction increases as congruence of preference and actual therapeutic style approximate each other, evaluations of therapy and outcome measures should reflect the same.

This study basically attempted to investigate how different groups assessed what constitutes effective therapist behavior. The cue utilization patterns for the counselor groups was an indication of what these experienced and student counselors saw as effective therapist behavior. Since the hypotheses concerning the counselor's expected cue utilizations had been derived from a review of related empirical research on counselor behavior and since many of these hypotheses and expectations were not supported, the resultant questions concerning discrepancies of expected therapist's assessments and past actual behaviors implied that clarification is needed. The application of a research paradigm with a Brunswikian framework and in a training

framework may clarify the issue of whether therapists behave in a manner similar to what they assess to be effective.

A cue utilization assessment of the extent to which therapists use certain cues as indicators of effective behavior (such as done in this study) would indicate what a counselor thinks will be quality. Actual assessments of those cues from randomly selected time periods of tapes in in vivo therapy samples for the counselors would provide a measure of actual therapist behavior. A variety of scaling devices similar to Carkhuff's 5-point scale would allow a mean index for each variable under investigation to be rated and quantified. Comparisons of the relationship yielded via Brunswik's paradigm and the measures of actual behavior would indicate if a congruence of therapist behavior and what therapists consider to be effective therapist behavior does indeed exist. If the congruence exists, following questions to the client covering the effectiveness, satisfaction and completion of therapeutic goals would indicate if actual emitted behaviors were worthwhile and goal productive.

The data obtained in this research indicated that the clients and the general population differentially utilized the cues under assessment. A viable assumption exists (when noting that the general population was the most consistent of all groups in applying a judgment strategy and that their utilization coefficients differed most drasti-

cally from experienced counselors) that the difference between the general population's utilization schemas and the clients' may have resulted from a modification of that the clients' (general population before therapy) think is quality therapy. This modification may result either directly from the words and education given by the therapist, or possibly, as a result of dissonance reduction, i.e., this is an experienced therapist, therefore what he is doing must be good. In either case, the psycotherapist purposefully or inadvertently may have modified the client's ratings. Since a difference between the general population and client samples existed, in order to ascertain if the modification takes place and if it is a positive one, comparison ratings before and after therapy for a client group would indicate if the therapist does indeed modify ratings of what effective therapist behavior is, or comparisons may indicate that the realization of a problem large enough to require treatment would alter ratings. As a conjunctive to the pre and post measurement, an inquiry into several areas would yield interesting results pertaining to satisfaction and preference. Questions during a follow-up after treatment over what the therapist behavior consisted of, and was it effective, may indicate the overall satisfaction with therapy and what the client recognized as therapeutic strategies. A question concerning possible modification of the therapist's behavior to meet the client's needs to a greater

extent than they had been met, also poses interesting conclusions. If modification is desired, satisfaction may or may not exist. If satisfaction was obtained, modification may be client specific and idiosyncratic to that client. If the client was not satisfied, it would then be beneficial to note if the client would modify his therapist behavior in the direction of what he assessed to be effective at the beginning of therapy or at the end of therapy. It may be indicated that if the client is not satisfied and moves in the direction of his preference and utilization schema assessed at the beginning of therapy, that initial preferences may be actual effectors of client satisfaction if they are congruent with therapist behavior. If this is the case, it would seem that assessing client cue utilization and matching with therapist behavior may indeed enhance the psychotherapeutic relationship.

This chapter has considered the results of the study. As noticed in the above discussion sections, differential utilization of cues across the groups under investigation indicated that the application of techniques and stragegies in psychotherapy was not a simple task. A variety of interacting variables appeared to be an integral part of the therapeutic dyad, and when taken in the context of a multiple cue relationship, none of these variables appeared to be the single concommitant to quality therapy. The ease with which the Brunswikian paradigm was applied to this

psychotherapy research suggested strongly that a probabilistic framework can yield the results needed to update data concerning psychotherapy, and more importantly for the counselor educator, to provide the focus for training paradigms with the novice counselor.

Overall, the significant findings of this study were: (1) past research that suggested certain groups respond in and prefer certain traditional types of counseling strategies (warm, nurturing, caring) was not totally supported; (2) a wide range of tactics and strategies were considered potent and critical in being part of the repertoire of an effective therapist when they took place in an overall warm relationship; (3) counselor groups differed from non-counselor groups in their assessment of effective therapist behavior; (4) experienced counselors and student counselors' cue utilizations did not approximate each other; (5) the more experienced the counselor becomes, the more his critical judgments of effective therapist behavior differ from those of the client; and (6) the functional application of the Brunswik paradigm in psychotherapy research offers exciting new frontiers for the clinician, researcher, and educator.

REFERENCES

Avnett, H. H. "Short-term treatment under auspices of a medical insurance plan." American Journal of Psychiatry. 122: 2, 1965.

Bales, R. F. Interaction Process Analysis. Cambridge: Addison-Wesley Press. 1950.

Baker, E. "The differential effects of two psychotherapeutic approaches on client perceptions." Journal of Counseling Psychology, 7, No. 1, 1960, 46-50.

Barrett-Lennard, G. T. "Dimensions of therapist response as causal factors in therapeutic change." Psychological Monographs, 1962, 76 (43, Whole no. 562).

Baum, O., and Felzer, S. "Activity in initial interviews with lower-class patients." Archives of General Psychiatry. 10: 345-353, 1964.

Beal, D. Concept formation in the learning disabled child. Unpublished manuscript. Texas Tech University. 1975.

Berenson, B., Mitchell, K., and Laney, R. "Level of therapist functioning, types of confrontation and type of patient." Journal of Clinical Psychology. 1968, 24, 111-113.

Berenson, B., Mitchell, K., and Moravec, J. "Level of therapist functioning, patient depth of self-exploration, and type of confrontation." Journal of Counseling Psychology. 1968, 15, 136-139.

Betz, B. and Whitehorn, J. "The relationship of the therapist to the outcome of therapy in schizophrenia." Psychiatric Research Reports #5. Research techniques in schizophrenia. Washington D.C., A.P.A., 1956 89-117.

Boulware, D. and Holmes, D. Preferences and expectations regarding therapist age and sex. Dissertation Abstracts International, 1970, 30, 3381B.

Bucheimer, A. "The development of ideas about empathy." Journal of Counseling Psychology. 10, 1, 1963, 61-68.

Carkhuff, R. and Berenson, B. Beyond Counseling and Therapy. New York: Holt, Rinehart, and Winston, 1967.

Carkhuff, R. Helping and Human Relations: Vol II. New York: Holt, Rinehart, and Winston, 1967.

Carnes, E. and Robinson, F. "The Role of the client's talk in the counseling interview." Educational and Psychological Measurement. 1948, 8, 635-644.

Collier, R. "A scale for rating the responses of the therapist." Journal of Consulting Psychology. 1953, 17, 321-326.

Conver, B. "Studies in phonographic recording of verbal material:III. The completeness and accuracy of counseling interview reports." Journal of General Psychology. 1944, 30, 181-203.

Cook, J. "Silence in Psychotherapy." Journal of Counseling Psychology. 1964, 11, 42-46.

Devine, D. and Fernald, P. "Outcome effects of receiving a preferred or randomly assigned, or non-preferred therapy." Journal of Consulting and Clinical Psychology. 1973, 41, 104-107.

Dittman, A. "The interpersonal process in psychotherapy: Development of a research method." Journal of Abnormal and Social Psychology. 1952, 47, 236-244.

Ekman, P. "Body position, facial expression, and verbal behavior during interviews." Journal of Abnormal and Social Psychology. 1964, 68, 3, 295-301.

Feifer, H. and Eells, J. "Patients and therapists assess the same psychotherapy." Journal of Consulting Psychology. 1963, 27, 310-318.

Finesinger, J. "Psychiatric interviewing: I. Some principles and procedures to insight therapy." American Journal of Psychiatry. 1948, 105, 187-195.

Frank, G. "The effect of directive and nondirective statements by therapists on the content of the patient verbalizations." Journal of General Psychology, 1964, 71, 323-328.

Frank, G. and Sweetland, A. "A study of the process of psychotherapy: the verbal interaction." Journal of Consulting Psychology. 1962, 26, 135-138.

Gillis, J. A study of schizophrenic thinking in a probabilistic situation. Unpublished doctoral dissertation. University of Colorado, 1965.

Gillis, J. "Therapist as manipulator." Psychology Today. December, 1974. pp 91-95.

Gillis, J. and Davis, K. The effects of amphetamine and chloropromazine on complex thinking in paranoid and nonparanoid schizophrenics. In L. Rappaport and D. Summers (Eds.) Human Judgment and Social Interaction. New York: Holt, Rinehart and Winston, 1973.

Goldstein, A. "Participant expectations in Psychotherapy." Psychiatry. 1962, 25, 72-79(a).

Grater, H. "Client preferences for affective or cognitive counselor characteristics and first interview behavior." Journal of Counseling Psychology, 2(3), 1964. 248-250.

Gross, R. "Supportive therapy for the depressed college student." Psychotherapy: Theory, Research and Practice. 1968, 5, 4, 262-267.

Gulas, I. Client-therapist congruence in prognostic and role expectations as related to client's improvement in short-term psychotherapy. Dissertation Abstracts International, 1974, 35, 2430B.

Haley, J. Power Tactics of Jesus Christ. New York: Holt, Rinehart, and Winston, 1971.

Haley, J. Strategies of Psychotherapy. New York: Grune and Stratton. 1963.

Harway, N., Dittman, A., Bordin, E., Raush, H., and Rigler, D. "The measurement of depth of interpretation." Journal of Consulting Psychology. 1955. 19, 247-253.

Heine, R. A comparison of patient's reports on psychotherapeutic experience with psychoanalytic, nondirective, and Adlerian therapists. Unpublished doctoral dissertation, University of Chicago, 1950.

Helner, P., and Jessel, J. "Effects of interpretation as a counseling technique." Journal of Counseling Psychology. 1974, 21, 6, 475-482.

Keet, C. "Two verbal techniques in a miniature counseling situation." Psychological Monographs. 1948, 62, No. 294.

Kirschenbaum, D. and Baracos, R. "Behavioral responding of A and B "types" to schizoid and neurotic communication." Proc. of APA 81st Con. 1973.

Laswell, H. "The problem of adequate personality records: A proposal." American Journal of Psychiatry. 1929, 85, 1057-1066.

Lichtenstein, S. and Slovic, P. "A comparison of Bayesian and regression approaches to the study of information processing in judgment." In L. Rappaport and D. Summers (Eds.) Human Judgment and Social Interaction. New York: Holt Rinehart and Winston, 1973.

Lazarus, A. Behavior Therapy and Beyond. New York: McGraw-Hill, 1971.

McCarron, L., and Appell, V. "Categories of therapist verbalizations and patient therapist autonomic response." Journal of Consulting and Clinical Psychology. 1971 (Aug) 37(1). 123-134.

Melloh, R. Accurate empathy and counselor effectiveness. Unpublished doctoral dissertation, University of Florida, 1964.

Mink, O., and Sagar, M. "Does counselor approach really matter?" Vocational Guidance Quarterly. 1963, 11(3), 204-206.

Moreno, J. Psychodrama Vol I. New York: Beacon House, 1946.

Pallone, N., and Grande, P. "Counselor verbal mode, problem relevant communication and client rapport." Journal of Counseling Psychology, 12(4), 1965, 359-365.

Perls, F. Gestalt Therapy Verbatim. Moab, Utah: Real People Press, 1969.

Pohlman, E., and Robinson, F. "Client reaction to some aspects of the counseling situation." Personnel and Guidance Journal, 1960, 38, 546-551.

Pope, B., and Siegman, A. "The effect of therapist verbal activity level and specificity on patient productivity and speech disturbance in the initial interview." Journal of Consulting Psychology. 1962, 26, (5), 489.

Reisman, J., and Yamokoski, T., "Psychotherapy and friendship: An analysis of the communication of friends." Journal of Counseling Psychology. 1974, 21, 269-273.

Rice, L. "Therapists style of participation and case outcome." Journal of Counseling Psychology. 1965, 29(2), 155-160.

Rogers, C. "Electrically recorded interviews in improving psychotherapeutic interviews." American Journal of Orthopsychiatry. 1942, 12, 429-435.

Rogers, C. "Significant aspects of client centered therapy." The American Psychologist. 1946, 1(10), October.

Rogers, C. "The interpersonal relationship: The core of guidance." Harvard Educational Review. 1962, 32, 416-429.

Rogers, C. "The necessary and sufficient conditions of therapeutic personality change." Journal of Consulting Psychology. 1957, 27, 95-103.

Rogers, C. "The process equation for psychotherapy." The American Journal of Psychotherapy. 1961, 15, 27-44.

Rogers, M. The attitude of college sophomores and seniors towards counseling procedure with reference to certain personality factors and personal problem frequency. Unpublished doctoral dissertation, University of St. Louis, 1957.

Rosen, A. "Client preferences: An overview of the literature." Personnel and Guidance Journal, 1967, 45, 785-89.

Seidman, E., Golding, S., Hogan, T. and LeBow, M., "A multi-dimensional interpretation and comparison of three A-B scales." Journal of Consluting and Clinical Psychology. 1974, 42(1), 10-20.

Shapiro, J., Foster, C., and Powell, T. "Facial and bodily cues of genuiness, empathy and warmth." Journal of Clinical Psychology. 1968, 24, 233-236.

Small, L. The Briefer Psychotherapies. New York: Brunner/Mazel Inc. 1971.

Stefflre, B., King, P., and Leafgren, F., "Characteristics of counselors judged effective by their peers." Journal of Counseling Psychology. 1962, 9, 335-340.

Stotsky, B. "How important is psychotherapy to the hospitalized psychiatric patient." Journal of Clinical Psychology. 1956, 12, 32-36.

Strupp, H. "A multi-dimensional system for analyzing psychotherapeutic techniques." Psychiatry. 1957, 1957, 20, 293-306.

Strupp, H. "On the technology of psychotherapy." The Archives of General Psychiatry, 1972, 26, 270-278.

Strupp, H. Psychotherapists in Action. New York: Grune and Stratton, 1960.

Talland, G., and Clark, D. "Evaluation of topics in therapy group discussion." Journal of Clinical Psychology. 1954, 10, 131-137.

Tindal, R., and Robinson, F. "The use of silence as a technique in counseling." Journal of Clinical Psychology. 1947, 3:136-141,

Truax, C. "A scale for the measurement of accurate empathy." Psychiatric Institute Bulletin, Wisconsin Psychiatric Institute. University of Wisconsin 1961, 1, 12.

Truax, C., and Carkhuff, R. "Concreteness: A neglected variable in research in psychotherapy." Journal of Clinical Psychology. 1964, 20(2), 264-267.

Truax, C., and Carkhuff, R. "For better or for worse: The process of psychotherapeutic personality change." Paper read at Academic Assembly on Clinical Psychology, McGill University, Montreal, Canada, 1963.

Truax, C., and Carkhuff, R. Toward effective counseling and psychotherapy: Training and practice. Chicago: Aldine, 1967.

Truax, C., and Mitchell, K. "Research on certain therapist interpersonal skills in relation to process and outcome." Chapter in Handbook of Psychotherapy and Behavior Change. Bergrin, A. and Garfield, S. (Eds.) New York: John Wiley and Sons, Inc. 1971.

Venzor, E. Therapist Response Style: Client expectations and preferences. Unpublished master's thesis. Texas Tech University. 1975.

Venzor, E., Gillis, J., and Beal, D. "Client preferences for therapist style." Journal of Counseling Psychology. 1976.

Zimmer, J., and Anderson, S. "Dimensions of positive regard and empathy." Journal of Counseling Psychology, 1968, 14, 417-426.

Zimmer, J., and Parks, P. "Factor analysis of counselor communications." Journal of Counseling Psychology, 1967, 15, 198-203.

Zimmer, J., and Pepyne, E. "A descriptive and comparative study of dimensions of counselor response." Journal of Counseling Psychology. 1971, 18, 441-447.

Zimmer, J., Wightman, L., and McArthur, D., "Categories of counselor behavior as defined from cross validated factor structures" (Final report United State Office of Education Project No. 9-A00003). Amherst, Mass.: University of Massachusetts, School of Education, 1970.

APPENDIX

APPENDIX A:

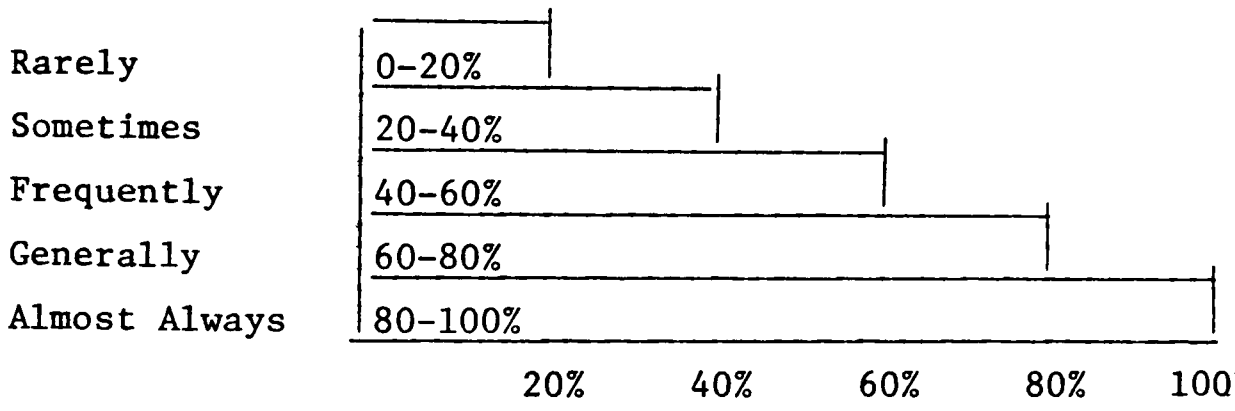
DIRECTIONS

Directions

In the booklet before you, you will find 35 paragraphs describing the behaviors of actual therapists. Your task is to read each paragraph carefully and then rate the therapists on the following scale:

Ineffective Therapist — — — — — — — — — — — Effective Therapist

The behavior of each therapist is described by using adjectives that relate to the frequency or amount of time that a therapist uses the behavior being described. The adjectives that describe the amount of time a therapist engages in the behavior are: rarely, sometimes, frequently, generally, and almost always. One may view the frequency of each adjective as being comparable in the following manner:



There is a separate sheet of paper with numbered scales that correspond to the number of each of the descriptives that you are to rate. Indicate your assessment of the effectiveness of each therapist by placing an "X" on the continuum on the spot that coincides with your estimation of the therapist's effectiveness.

You may use any criterion you wish in arriving at your decision concerning each therapist. Remember that the descriptives are of actual therapists and your task is to evaluate their effectiveness as you perceive it to be.

APPENDIX B:

THIRTY-FIVE DESCRIPTIVES OF THERAPIST BEHAVIOR

DESCRIPTIVE /__

RICHARD D.

GENERALLY RICHARD, WHEN ENGAGED IN THERAPY, CALLS UPON HIS OWN EXPERIENCES AND KNOWLEDGE IN INSTRUCTING HIS CLIENT IN WHAT TO DO TO SOLVE HIS PROBLEM, AND HE IS ALMOST ALWAYS ACTIVELY INVOLVED WITH THE CLIENT IN ACHIEVING THE CLIENT'S GOALS. SOMETIMES RICHARD CLARIFIES MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT. RICHARD SOMETIMES DISPLAYS HIS FEELINGS THAT RESULT FROM THE INTERACTION WITH THE CLIENT. GENERALLY RICHARD POSSESSES POSITIVE FEELINGS FOR THE CLIENT AS A PERSON. RICHARD GENERALLY TRIES TO RELATE THE APPARENT REASON WHY THE CLIENT IS FEELING OR BEHAVING A PARTICULAR WAY, AND FREQUENTLY RICHARD RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY.

134219

DESCRIPTIVE 2

STEVEN K.

STEVEN IS A THERAPIST WHO RARELY BECOMES ACTIVELY INVOLVED WITH THE CLIENT IN FINDING THE SOLUTIONS TO THE CLIENT'S PROBLEMS. STEVEN FREQUENTLY POINTS OUT AND CLARIFIES MISINFORMATION OR LACK OF INFORMATION THE CLIENT IS GIVING HIM. STEVEN FREQUENTLY EXPERIENCES POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON, AND ALMOST ALWAYS RELATES HIS FEELINGS THAT RESULT FROM AND OCCUR IN THE THERAPEUTIC INTERACTION. STEVEN SOMETIMES CALLS UPON HIS OWN EXPERIENCE AND KNOWLEDGE AND INSTRUCTS THE CLIENT ABOUT WHAT HE NEEDS TO DO TO SOLVE HIS PROBLEM. STEVEN SOMETIMES EXPLAINS WHY THE CLIENT FEELS AND BEHAVES A CERTAIN WAY AND SOMETIMES RESTATES TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY.

134224

DESCRIPTIVE 3

PATRICK O.

PATRICK, A COUNSELOR WHO ALMOST ALWAYS RELATES HIS FEELINGS TO THE CLIENT AS HE EXPERIENCES THEM IN THE ENCOUNTER, RARELY CALLS UPON HIS OWN EXPERIENCE AND KNOWLEDGE IN PROVIDING THE COURSE OF ACTION THAT WILL SOLVE THE CLIENT'S PROBLEM. PATRICK GENERALLY IS ACTIELY INVOLVED WITH THE CLIENT IN ACHIEVING ANY IMMEDIATE GOLS, AND GENERALLY REPEATS IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. SOMETIMES PATRICK POSSESSES AND PORTRAYS A POSITIVE ATTITUDE TOWARDS THE CLIENT AS A PERSON. FREQUENTLY PATRICK RELATES THE REASON WHY A CLIENT ACTS AND FEELS A CERTAIN WAY. PATRICK GENERALLY POINTS OUT AND CLARIFIES MISINFORMATION OR LACK OF INFORMATION THE CLIENT HAS GIVEN HIM.

13423

DESCRIPTIVE E

JACK M.

JACK IS A THERAPIST WHO ALMOST ALWAYS POINTS OUT DISCREPANCIES IN THE INFORMATION GIVEN BY THE CLIENT. SOMETIMES JACK EXPERIENCES AND PORTRAYS POSITIVE FEELINGS TOWARD THE CLIENT, AND FREQUENTLY DISPLAYS AND RELATES HIS FEELINGS AS HE EXPERIENCES THEM IN THE INTERACTION WITH THE CLIENT. FREQUENTLY JACK IS ACTIVELY INVOLVED WITH THE CLIENT IN REACHING THE GOALS OF THERAPY, BUT RARELY DOES HE DRAW UPON HIS OWN EXPERIENCE AND KNOWLEDGE TO DIRECT THE CLIENT IN A COURSE OF ACTION THAT WILL SOLVE HIS PROBLEM. JACK GENERALLY RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY, BUT RARELY DOES HE TRY TO RELATE TO THE CLIENT WHY HE BEHAVES OR FEELS A GIVEN WAY.

134218

DESCRIPTIVE 5

LARRY G.

LARRY, IN PRACTICING PSYCHOTHERAPY, ALMOST ALWAYS PORTRAYS AND EXPERIENCES EXPERIENCES POSITIVE FEELINGS TOWARDS THE CLEINT. LARRY RARELY RELATES TO THE CLIENT THE APPARENT UNDERLYING REASON FOR HIS FEELING AND ACTING IN A PARTICULAR MANNER, AND RARELY CALLS UPON HIS OWN EXPERIENCES OR KNOWLEDGE TO TELL THE CLIENT WHAT TO DO TO SOLVE HIS PROBLEM. GENERALLY, LARRY RESTATES TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY AND GENERALLY EXPRESSES TO THE CLIENT WHAT HE IS EXPERIENCING AS A RESULT OF THE INTERACTION. LARRY FREQUENTLY IS ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING THE CLIENT'S PROBLEMS. LARRY ALMOST ALWAYS POINTS OUT DISCREPANCIES IN WHAT THE CLIENT IS TELLING HIM OR HAS TOLD HIM IN THE PAST.

134225

DESCRIPTIVE 6

MARTIN Q.

MARTIN IS A THERAPIST WHO IS ALMOST ALWAYS ACTIVELY INVOLVED WITH THE CLIENT IN ACHIEVING THE GOALS OF THERAPY. MARTIN ALMOST ALWAYS PORTRAYS POSITIVE FEELINGS TOWARDS THE CLIENT AS A PERSON, AND ALMOST ALWAYS RELATES HIS FEELINGS AS HE EXPERIENCES THEM IN THE THERAPY INTERACTION. FREQUENTLY MARTIN RESTATES WHAT HE HAS HEARD THE CLIENT SAY, AND FREQUENTLY CLARIFIES AND POINTS OUT DISCREPANCIES IN INFORMATION GIVEN BY A CLIENT. MARTIN ALMOST ALWAYS DRAWS UPON HIS OWN EXPERIENCES AND KNOWLEDGE FOR ANSWERS IN TELLING A CLIENT WHAT TO DO TO SOLVE HIS PROBLEM. MARTIN ALMOST ALWAYS ATTEMPTS TO EXPLAIN OR RELATE THE APPARENT REASONS CAUSING A CLIENT TO BEHAVE OR FEEL THE WAY HE DOES.

134214

DESCRIPTIVE 1

BRUCE J.

BRUCE, WHEN HE COUNSELS, ALMOST ALWAYS HAS POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON, BUT RARELY RELATES AND DISPLAYS HIS FEELINGS AS THEY OCCUR IN THE THERAPY INTERACTION. BRUCE IS GENERALLY ACTIVELY INVOLVED WITH THE CLIENT IN ATTAINING THE CLIENT'S GOALS, AND HE SOMETIMES DOES CALL UPON HIS OWN PAST EXPERIENCES AND KNOWLEDGE TO TELL THE CLIENT WHAT ACTION WILL SOLVE THE CLIENT'S PROBLEM. BRUCE SOMETIMES RELATES BACK TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY AND SOMETIMES TRIES TO EXPLAIN THE REASON WHY A CLIENT IS FEELING AND BEHAVING IN A PARTICULAR MANNER. BRUCE RARELY POINTS OUT DISCREPANCIES FOUND IN THE CLIENT'S VERBAL MESSAGES.

134216

DESCRIPTIVE 8

ROGER D.

ROGER, A THERAPIST WHO RARELY POINTS OUT DISCREPANCIES IN WHAT THE CLIENT HAS TOLD HIM AND RARELY RELATES THE REASON WHY A CLIENT IS BEHAVING OR FEELING IN A PARTICULAR WAY, ALMOST ALWAYS DRAWS UPON HIS OWN EXPERIENCE AND KNOWLEDGE IN INSTRUCTING THE CLIENT IN THE COURSE OF ACTION NEEDED TO BE TAKEN TO ALLEVIATE THE PROBLEM. FREQUENTLY ROGER RESTATES IN HIS OWN WORDS TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY, AND FREQUENTLY BECOMES ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING THE IMMEDIATE GOALS OF THERAPY. ROGER SOMETIMES EXPERIENCES AND PORTRAYS POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON, AND FREQUENTLY DISPLAYS HIS OWN FEELINGS AS THEY RESULT FROM THE THERAPY ENCOUNTER.

134229

DESCRIPTIVE 9

JAMES J.

JAMES IS A THERAPIST WHO GENERALLY IS ACTIVELY INVOLVED IN SOLIVNG THE PRESENTING OR IMMEDIATE PROBLEM OF HIS CLIENTS. JAMES SOMETIMES DISPLAYS HIS FEELINGS ABOUT THE INTERACTION THAT IS TAKING PLACE IN THERAPY, AND FREQUENTLY POINTS OUT THE DISCREPANCIES IN WHAT THE CLIENT IS TELLING HIM OR HAS TOLD HIM. IN HIS THERAPY, JAMES RARELY REFLECTS AND CLARIFIES WHATEVER MESSAGE THE CLIENT HAS GIVEN HIM, BUT HE FREQUENTLY EXPLAINS TO THE CLIENT THE APPARENT REASON FOR HIS BEHVIOR AND FEELINGS. SOMETIMES, JAMES FINDS HIMSELF PORTRAYING POSITIVE FEELINGS AND ATTITUDES TOWARDS THE CLIENT AS A PERSON, AND ALSO JAMES SOMETIMES DRAWS UPON HIS OWN EXPERIENCE AND KNOWLEDGE AND INSTRUCTS THE CLIENT IN WHAT TO DO TO ALLEVIATE THE PROBLEM.

134201

DESCRIPTIVE 12

DEWAYNE Z.

DEWAYNE GENERALLY RELATES TO THE CLIENT THE FEELINGS THAT HE EXPERIENCES IN THE ENCOUNTER, BUT RARELY DOES DEWAYNE PORTRAY POSITIVE FEELINGS OR ATTITUDES TOWARDS THE CLIENT AS A PERSON. DEWAYNE SOMETIMES CALLS UPON HIS PAST EXPERIENCES AND KNOWLEDGE TO TELL THE CLIENT WHAT TO DO TO SOLVE HIS PROBLEM. RARELY DOES DEWAYNE POINT OUT MISINFORMATION BEING GIVEN BY THE CLIENT, OR RARELY DOES HE GIVE THE CLIENT THE REASON THAT HE BEHAVES OR FEELS A CERTAIN WAY. FREQUENTLY, DEWAYNE IS ACTIVELY INVOLVED WITH THE CLIENT IN ACHIEVING THE GOALS OF THE CLIENT. DEWAYNE SOMETIMES REPEATS IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY.

134234

DESCRIPTIVE II

ROBERT R.

ALTHOUGH ROBERT GENERALLY PORTRAYS A POSITIVE ATTITUDE AND FEELING TOWARDS HIS CLIENTS, HE RARELY DISPLAYS HIS OWN FEELINGS THAT RESULT FROM AND OCCUR IN THE THERAPY INTERACTION. ROBERT FREQUENTLY CALLS UPON HIS OWN EXPERIENCE IN OFFERING ANY SOLUTIONS TO THE CLIENT THAT WILL ALLEVIATE THE CLIENT'S PROBLEM, BUT HE RARELY GETS ACTIVELY INVOLVED WITH THE CLIENT IN WORKING TOWARDS THE GOALS OF THERAPY. FREQUENTLY ROBERT POINTS OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT, BUT RARELY DOES HE RESTATE OR REPHRASE IN DIFFERENT WORDS WHAT HE HAS HEARD THE CLIENT SAY. SOMETIMES ROBERT RELATES THE REASON THAT THE CLIENT IS FEELING OR BEHAVING IN A PARTICULAR MANNER.

134233

DESCRIPTIVE 12

PETE P.

PETE RARELY BECOMES ACTIVELY INVOLVED IN THE COUNSELING INTERACTION, ALTHOUGH HE ALMOST ALWAYS DISPLAYS HIS FEELINGS THAT RESULT FROM AND OCCUR IN THE INTERACTION WITH THE CLIENT. PETE ALMOST ALWAYS RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. FREQUENTLY PETE POINTS OUT DISCREPANCIES IN THE INFORMATION THE CLIENT GIVES OR FAILS TO GIVE; HE ALSO FREQUENTLY TRIES TO RELATE TO THE CLIENT THE APPARENT REASON UNDERLYING THE CLIENT'S BEHAVIOR OR FEELINGS. PETE FREQUENTLY DRAWS UPON HIS PAST EXPERIENCES AND KNOWLEDGE AND TELLS THE CLIENT WHAT TO DO TO SOLVE THE PROBLEM. PETE FINDS THAT HE FREQUENTLY POSSESSES A POSITIVE FEELING AND ATTITUDE TOWARD THE CLIENT AS A PERSON.

134217

DESCRIPTIVE 13

DON D.

DON ALMOST ALWAYS IS ACTIVELY INVOLVED WITH THE CLIENT IN ACHIEVING THE IMMEDIATE GOALS OF THERAPY. DON GENERALLY CALLS UPON HIS OWN EXPERIENCES AND KNOWLEDGE AND INSTRUCTS THE CLIENT IN WHAT TO DO TO SOLVE HIS PRESENTING PROBLEM, AND HE GENERALLY POINTS OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT. SOMETIMES DON RELATES HIS FEELINGS THAT HE EXPERIENCES IN THE INTERACTION WITH THE CLIENT. DON ALMOST ALWAYS RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. DON ALMOST ALWAYS ATTEMPTS TO EXPLAIN THE REASON FOR A CLIENT'S BEHAVING IN A GIVEN FASHION. SOMETIMES DON EXPERIENCES POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON.

134223

DESCRIPTIVE 17

FRANK W.

FRANK IS A THERAPIST WHO SOMETIMES IS ACTIVELY INVOVLED WITH SOLVING THE IMMEDIATE PROBLEM PRESENTED BY HIS CLIENT. FRANK GENERALLY RELATES HIS FEELINGS THAT OCCUR IN THE INTERACTION WITH THE CLIENT, AND GENERALLY POINTS OUT DISCREPANCIES OF INFORMATION GIVEN OR NOT GIVEN BY THE CLIENT. IN HIS THERAPY, FRANK RARELY RESTATES OR REPHRASES THE MESSAGES GIVEN BY THE CLIENT, BUT ALMOST ALWAYS EXPLAINS TO THE CLIENT THE REASON WHY HE IS FEELING OR BEHAVING IN THE MANNER THAT HE IS. FRANK RARELY FINDS HIMSELF EXPERIENCING OR PORTRAYING POSITIVE FEELINGS AND ATTITUDES TOWARDS THE CLIENT AS A PERSON. FRANK ALMOST ALWAYS DRAWS UPON HIS OWN EXPERIENCE IN TRYING TO INSTRUCT THE CLIENT IN THE COURSE OF ACTION THAT WILL SOLVE HIS PROBLEM.

134220

DESCRIPTIVE 15

FRED S.

IN PRACTICING PSYCHOTHERAPY, FRED ALMOST ALWAYS IS ACTIVELY INVOLVED IN THE INTERACTION AND ALMOST ALWAYS ATTEMPTS TO EXPLAIN TO THE CLIENT THE APPARENT REASON WHY HE IS FEELING OR BEHAVING THE WAY HE IS. FRED FREQUENTLY EXPERIENCES AND PORTRAYS POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON AND GENERALLY DISPLAYS HIS FEELINGS RESULTING FROM AND IN THE INTERACTION WITH THE CLIENT. FRED RARELY CLARIFIES MISINFORMATION AND LACK OF INFORMATION THAT HE NOTICES, BUT FREQUENTLY RELATES BACK TO THE CLIENT WITHOUT CLARIFYING OR INTERPRETING WHAT HE HAS HEARD THE CLIENT SAY. FREQUENTLY FRED DRAWS UPON HIS OWN EXPERIENCES AND TELLS THE CLIENT WHAT TO DO IN ORDER TO SOLVE HIS PROBLEMS.

134205

DESCRIPTIVE 16

PHILLIP H.

IN THERAPY, PHILLIP RARELY REPEATS OR RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. GENERALLY, PHILLIP CLARIFIES AND POINTS OUT ANY LACK OF INFORMATION OR MISINFORMATION THAT THE CLIENT GIVES HIM. PHILLIP IS ALMOST ALWAYS BOTH ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING THE PROBLEMS PRESENTED AND ALMOST ALWAYS RELATES HIS FEELINGS THAT HE EXPERIENCES IN THE INTERACTION WITH THE CLIENT. SOMETIMES PHILLIP HAS POSITIVE FEELINGS TOWARDS THE CLIENT AS A PERSON, AND SOMETIMES HE ATTEMPTS TO EXPLAIN THE REASON WHY THE CLIENT BEHAVES AND FEELS A CERTAIN WAY. FREQUENTLY PHILLIP USES HIS OWN PAST EXPERIENCE AND KNOWLEDGE TO TELL THE CLIENT WHAT TO DO TO SOLVE HIS PROBLEM.

134209

DESCRIPTIVE 17

IRWIN G.

IN PRACTICING THERAPY, IRWIN RARELY TRIES TO EXPLAIN THE REASON WHY A CLIENT FEELS OR BEHAVES A CERTAIN WAY. IRWIN FREQUENTLY EXPERIENCES POSITIVE FEELINGS TOWARDS HIS CLIENTS, AND SOMETIMES DISPLAYS AND RELATES HIS FEELINGS THAT RESULT FROM AND IN THE INTERACTION WITH THE CLIENT. IRWIN IS FREQUENTLY ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING IMMEDIATE PROBLEMS AND ACHIEVING THE CLIENT'S GOALS AND GENERALLY USES HIS OWN PAST EXPERIENCE AND KNOWLEDGE TO TELL THE CLIENT WHAT TO DO IN ORDER TO SOLVE HIS OWN PROBLEMS. IRWIN SOMETIMES POINTS OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT. FREQUENTLY, IRWIN RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY.

134210

DESCRIPTIVE 18

JAKE G.

JAKE, WHEN IN THERAPY, FREQUENTLY DRAWS UPON HIS OWN EXPERIENCES IN OFFERING SOLUTIONS TO ANY PROBLEMS THAT ARE PRESENTED BY THE CLIENT. JAKE RARELY HAS POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON, BUT FREQUENTLY RELATES HIS FEELINGS THAT RESULT FROM AND OCCUR IN THE THERAPY INTERACTION. JAKE IS GENERALLY ACTIVELY INVOLVED WITH THE CLIENT IN ACHIEVING THE GOALS OF THERAPY AND GENERALLY EXPLAINS THE REASON WHY THE CLIENT IS FEELING OR BEHAVING A PARTICULAR WAY. JAKE RARELY REPEATS AND RESTATES WHAT HE HEARD THE CLIENT SAY AND ONLY SOMETIMES DOES JAKE POINT OUT DISCREPANCIES IN THE INFORMATION THE CLIENT HAS GIVEN HIM.

134222

DESCRIPTIVE 19

DELL D.

DELL IS A THERAPIST WHO SOMETIMES IS ACTIVELY INVOLVED IN ATTAINING THE IMMEDIATE GOAL EXPRESSED BY THE CLIENT. DELL RARELY DRAWS UPON HIS OWN PAST EXPERIENCE AND KNOWLEDGE TO TELL THE CLIENT WHAT TO DO IN ORDER TO SOLVE HIS PROBLEM, BUT ALMOST ALWAYS ATTEMPTS TO EXPLAIN WHY THE CLIENT IS FEELING AND BEHAVING IN A PARTICULAR MANNER. DELL ALMOST ALWAYS DISPLAYS AND POSSESSES A POSITIVE ATTITUDE TOWARD THE CLIENT AS A PERSON, AND ALMOST ALWAYS RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. DELL RARELY CLARIFIES ANY MISINFORMATION OR LACK OF INFORMATION THAT HE NOTICES, AND RARELY DISPLAYS AND RELATES THE FEELINGS THAT HE HAS AS THEY ARE EXPERIENCED IN THE INTERACTION WITH THE CLIENT.

134208

DESCRIPTIVE 20

DEAN K.

DEAN, AS HE PRACTICES THERAPY, GENERALLY POINTS OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT; HE GENERALLY EXPLAINS TO THE CLIENT THE APPARENT REASONS THE CLIENT IS FEELING OR BEHAVING IN A PARTICULAR MANNER; AND HE GENERALLY CAPTURES AND REPEATS TO THE CLIENT THE ESSENCE OF WHAT HE HEARD THE CLIENT SAY. DEAN ALMOST ALWAYS EXPERIENCES POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON. DEAN RARELY CALLS UPON HIS OWN EXPERIENCES AND KNOWLEDGE TO PROVIDE SOLUTIONS TO THE CLIENT'S PROBLEMS, AND IS RARELY ACTIVELY INVOLVED IN SOLVING THE IMMEDIATE PROBLEM. DEAN RARELY DISPLAYS HIS FEELINGS THAT RESULT FROM THE INTERACTION WITH THE CLIENT.

134203

DESCRIPTIVE 21

GENE D.

GENE IS A THERAPIST WHO ALMOST ALWAYS RELATES TO THE CLIENT THE APPARENT REASON WHY HE IS ACTING OR FEELING A CERTAIN WAY. GENE FREQUENTLY PORTRAYS POSITIVE FEELINGS TOWARD THE CLIENT, AND SOMETIMES RELATES HIS FEELINGS AS HE EXPERIENCES THEM IN THE THERAPY INTERACTION. GENE ALMOST ALWAYS RESTATES IN HIS OWN WORDS WHAT THE CLIENT HAS TOLD HIM, WHILE ALMOST ALWAYS POINTING OUT DISCREPANCIES IN INFORMATION GIVEN BY THE CLIENT. GENE GENERALLY DRAWS UPON HIS OWN EPXERIENCE AND KNOWLEDGE IN TRYING TO HELP THE CLIENT FIND SOLUTIONS TO HIS PRESENTING PRBOLEMS. SOMETIMES GENE IS ACTIVELY INVOVLED WITH THE CLIENT IN SOLVING THE PROBLEMS PRESENTED.

134232

DESCRIPTIVE 22

DAVID H.

DAVID GENERALLY FINDS HIMSELF EXPERIENCING AND PORTRAYING POSITIVE FEELINGS TOWARD WHAT THE CLIENT IS AS A PERSON, AND GENERALLY DISPLAYS HIS FEELINGS THAT RESULT FROM AND IN THE INTERACTION WITH THE CLIENT. DAVID FREQUENTLY CLARIFIES MISINFORMATION AND LACK OF INFORMATION GIVEN BY THE CLIENT AND SOMETIMES RELATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. DAVID ALMOST ALWAYS DRAWS UPON HIS OWN EXPERIENCED AND TELLS THE CLIENT WHAT TO DO IN ORDER TO SOLVE HIS PROBLEMS. GENERALLY, DAVID IS ACTIVELY INVOLVED WITH THE CLIENT IN ACHIEVING THE IMMEDIATE GOALS OF THERAPY, AND FREQUENTLY DAVID EXPLAINS WHAT APPEARS TO BE THE REASON WHY THE CLIENT IS FEELING AND BEHAVING IN A CERTAIN WAY.

134207

DESCRIPTIVE 23

CHARLES G.

CHARLES IS A PSYCHOTHERAPIST WHO RARELY EXPLAINS TO THE CLIENT WHY THE CLIENT IS BEHAVING OR FEELING A PARTICULAR WAY, AND RARELY RESTATES TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY. CHARLES GENERALLY USES HIS PAST EXPERIENCES AND KNOWLEDGE TO TELL THE CLIENT WHAT TO DO TO SOLVE PROBLEMS, AND CHARLES GENERALLY CLARIFIES MISINFORMATION OR LACK OF INFORMATION THAT THE CLIENT HAS GIVEN HIM. CHARLES FREQUENTLY IS ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING THE CLIENT'S PROBLEMS, AND FREQUENTLY POSSESSES POSITIVE FEELINGS TOWARD THE CLIENT AS A PERSON. SOMETIMES CHARLES RELATES HIS FEELINGS AS HE EXPERIENCES THEM IN THE THERAPY INTERACTION WITH THE CLIENT.

134211

DESCRIPTIVE 24

CARL C.

CARL IS GENERALLY ACTIVELY INVOLVED WITH HIS CLIENT IN SOLVING PROBLEMS AND ACHIEVING THE GOALS OF THERAPY, BUT CARL RARELY CALLS UPON HIS OWN KNOWLEDGE AND PAST EXPERIENCE TO INSTRUCT THE CLIENT ON HOW TO SOLVE OR DEAL WITH HIS PROBLEM. CARL RARELY DISPLAYS AND RELATES HIS FEELINGS THAT RESULT FROM THE THERAPEUTIC INTERACTION. CARL ALMOST ALWAYS DOES POINT OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT. CARL SOMETIMES RELATES THE REASON WHY A CLIENT FEELS OR BEHAVES IN A PARTICULAR MANNER AND SOMETIMES RESTATES TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY. FREQUENTLY CARL EXPERIENCES POSITIVE FEELINGS AND ATTITUDES TOWARD THE CLIENT AS A PERSON.

134228

DESCRIPTIVE 25

DANIEL D.

SOMETIMES DANIEL WILL BE ACTIVELY INVOLVED WITH HIS CLIENT IN ACHIEVING THE IMMEDIATE GOALS OF THE CLIENT. GENERALLY DANIEL WILL CALL UPON HIS OWN KNOWLEDGE AND PAST EXPEREINCES TO TELL THE CLIENT POSSIBLE WAYS OF SOLVING HIS PPOBLEM. DANIEL RARELY RESTATES TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY. FPEQUENTLY DANIEL WILL RELATE THE REASON THAT THE CLIENT IS FEELING OR BEHAVING A PARTICULAR MANNER. SOMETIMES DANIEL WILL POINT OUT DISCREPANCIES IN WHAT THE CLIENT HAS SAID OR IS SAYING. GENERALLY DANIEL POSSESSES A POSITIVE FEELING AND ATTITUDE TOWARD THE CLIENT AS A PERSON, AND SOMETIMES DANIEL DISPLAYS HIS FEELINGS THAT ARE EXPEREINCED IN THE THERAPY INTERACTION.

134227

DESCRIPTIVE

GEORGE K.

GEORGE, WHEN INVOLVED IN THERAPY, SOMETIMES IS ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING THE CLIENT'S PROBLEM, AND SOMETIMES CALLS UPON HIS OWN KNOWLEDGE AND PAST EXPERIENCE IN PROVIDING SOLUTIONS TO THE PROBLEM. GEORGE GENERALLY RELATES HIS FEELINGS RESULTING FROM AND OCCURRING IN THE INTERACTION WITH THE CLIENT, AND SOMETIMES GEORGE PORTRAYS A POSITIVE ATTITUDE TOWARD THE CLIENT AS A PERSON. GEORGE GENERALLY ATTEMPTS TO EXPLAIN WHY THE CLIENT BEHAVES AND FEELS THE WAY HE DOES. SOMETIMES GEORGE POINTS OUT THE MISINFORMATION GIVEN BY A CLIENT. GEORGE ALMOST ALWAYS RESTATES IN HIS OWN WORDS, WITHOUT ALTERING THE CONTENT, WHAT HE HAS HEARD THE CLIENT SAY.

134215

DESCRIPTIVE 27

PAUL C.

PAUL, WHEN ENGAGED IN THERAPY, FREQUENTLY DISPLAYS FEELINGS THAT HE EXPERIENCES AS A PRODUCT OF THE THERAPIST-CLIENT INTERACTION, AND ALSO FREQUENTLY EXPLAINS THE REASON WHY THE CLIENT HAS BEHAVED OR FELT A CERTAIN WAY. PAUL RARELY EXPERIENCES POSITIVE FEELINGS OR ATTITUDES TOWARD THE CLIENT AS A PERSON. PAUL SOMETIMES RESTATES IN HIS OWN WORDS WHAT HE HAS HEARD THE CLIENT SAY. PAUL RARELY DRAWS UPON HIS OWN EXPERIENCE OR KNOWLEDGE IN TELLING THE CLIENT WHAT TO DO TO SOLVE HIS PROBLEM. GENERALLY, PAUL IS ACTIVELY INVOLVED WITH THE CLIENT IN REACHING THE IMMEDIATE GOALS OF THE CLIENT. PAUL ALMOST ALWAYS CLARIFIES AND POINTS OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT.

134213

DESCRIPTIVE 28

JEFF C.

JEFF, WHEN INVOLVED IN THERAPY, ALMOST ALWAYS RELATES HIS FEELINGS TO THE CLIENT AS HE EXPERIENCES THEM IN THE THERAPY INTERACTION, BUT HE RARELY FINDS HIMSELF EXPERIENCING AND PORTRAYING POSITIVE FEELINGS TOWARDS WHAT THE CLIENT IS AS A PERSON. JEFF RARELY TRIES TO EXPLAIN TO THE CLIENT WHY THE CLIENT IS BEHAVING OR FEELING A CERTAIN WAY. SOMETIMES JEFF REPEATS TO THE CLIENT WHAT THE CLIENT HAS SAID WITHOUT TRYING TO CLARIFY OR INTERPRET THE CONTENT OF THE MESSAGE, AND JEFF FREQUENTLY IS ACTIVELY INVOLVED WITH A CLIENT IN WORKING THROUGH PROBLEMS. JEFF ALMOST ALWAYS CLARIFIES MISINFORMTION GIVEN BY THE CLIENT, AND ALMOST ALWAYS CALLS UPON HIS OWN EXPERIENCE AND KNOWLEDGE AND TELLS THE CLIENT WHAT HE CAN DO TO SOLVE THE PROBLEM.

134202

DESCRIPTIVE 29

GREG D.

GREG RARELY RELATES HIS FEELINGS TO THE CLIENT AS HE EXPERIENCES THEM IN THE THERAPY INTERACTION, BUT GREG GENERALLY PORTRAYS A POSITIVE ATTITUDE TOWARDS THE CLIENT AS A PERSON. GREG FREQUENTLY TRIES TO EXPLAIN TO THE CLIENT WHY HE BEHAVES OR ACTS IN A PARTICULAR FASHION. FREQUENTLY GREG REPEATS TO THE CLIENT WHAT THE CLIENT HAS SAID WITHOUT CLARIFYING OR INTERPRETING THE CONTENT OF THE MESSAGE. SOMETIMES GREG IS ACTIVELY INVOLVED WITH THE CLIENT IN WORKING THROUGH THE CLIENT'S PROBLEMS. GREG RARELY CLARIFIES OR POINTS OUT MISINFORMATION NOTICED IN WHAT THE CLIENT IS OR HAS TOLD HIM. GREG ALMOST ALWAYS DRAWS UPON HIS OWN EXPERIENCE AND KNOWLEGE IN INSTRUCTNG THE CLIENT ON WHAT COURSE OF ACTION TO TAKE IN SOLVING THE CLIENT'S PROBLEM.

134221

DESCRIPTIVE 30

TED O.

TED, A THERAPIST WHO IS ALMOST ALWAYS ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING THE PROBLEMS PRESENTED BY THE CLIENT, ALMOST ALWAYS CONVEYS A POSITIVE FEELING OR ATTITUDE TOWARDS THE CLIENT AND ALMOST ALWAYS DISPLAYS HIS FEELINGS AS HE EXPERIENCES THEM DURING THE THERAPY INTERACTION. TED ALMOST ALWAYS RELATES TO THE CLIENT WHY THE CLIENT IS APPARENTLY BEHAVING OR FEELING IN A GIVEN MANNER. TED GENERALLY RESTATES WHAT HE HEARD THE CLIENT SAY WITHOUT CHANGING THE CONTENT OF THE CLIENT'S MESSAGE. TED ALMOST ALWAYS POINTS OUT DISCREPANCIES OR CLARIFIES ANY MISINFORMATION IN THE CLIENT'S COMMUNICATION. TED SOMETIMES CALLS UPON HIS OWN EXPERIENCES AND KNOWLEDGE AND TELLS THE CLIENT POSSIBLE WAYS OF SOLVING ANY PROBLEMS.

134230

DESCRIPTIVE 31

JCE P.

JOE, IN THERAPY, FREQUENTLY DRAWS UPON HIS PAST EXPERIENCE AND KNOWLEDGE AND TELLS THE CLIENT WHAT THE CLIENT SHOULD DO TO SOLVE HIS PROBLEM. JOE RARELY BECOMES ACTIVELY INVOLVED IN THE INTERACTION IN SOLVING THE CLIENT'S IMMEDIATE PROBLEM. GENERALLY JOE RESTATES IN HIS OWN WORDS WHAT THE CLIENT HAS SAID, AND GENERALLY JOE POSSESSES POSITIVE FEELINGS AND ATTITUDES TOWARD THE CLIENT AS A PERSON. RARELY DOES JOE POINT OUT MISINFORMATION OR LACK OF INFORMATION GIVEN BY THE CLIENT. JOE RARELY DISPLAYS HIS FEELINGS THAT RESULT FROM AND IN THE INTERACTION WITH THE CLEINT. SOMETIMES JOE TELLS THE CLIENT THE APPARENT REASON WHY THE CLIENT IS BEHAVING OR FEELING A CERTAIN WAY.

134212

DESCRIPTIVE 32

GEORGE D.

GEORGE, WHEN IN THERAPY, GENERALLY DRAWS UPON HIS OWN EXPERIENCES AND GIVES THE CLIENT POSSIBLE SOLUTIONS TO ANY PROBLEMS THAT ARE PRESENTED. GEORGE GENERALLY HAS POSITIVE FEELINGS TOWARDS THE CLIENT AS A PERSON, AND FREQUENTLY RELATES HIS FEELINGS THAT RESULT FROM THE INTERACTION WITH THE CLIENT. ALTHOUGH GEORGE IS ONLY SOMETIMES ACTIVELY INVOLVED IN ACHIEVING THE IMMEDIATE THERAPEUTIC GOAL AND SOMETIMES ATTEMPTS TO EXPLAIN THE REASON WHY A CLIENT IS BEHAVING IN A CERTAIN FASHION, GEORGE ALMOST ALWAYS REPEATS WHAT HE HAS HEARD THE CLIENT SAY WITHOUT INTERPRETING OR CLARIFYING THE CONTENT OF THE CLIENT'S MESSAGE. GEORGE SOMETIMES POINTS OUT THE DISCREPANCIES IN INFORMATION GIVEN BY THE CLIENT.

13+204

DESCRIPTIVE 33

JAMES T.

JAMES, ALTHOUGH RARELY ACTIVELY INVOLVED IN PROBLEM SOLVING WITH THE CLIENT, SOMETIMES DRAWS UPON HIS PAST EXPERIENCES AND TELLS THE CLIENT WHAT TO DO TO SOLVE HIS PROBLEMS. GENERALLY, JAMES EXPLAINS THE APPARENT REASON FOR THE CLIENT ACTING OR FELLING THE WAY HE DOES, AND ALMOST ALWAYS POINTS OUT MISINFORMATION AND LACK OF INFORMATION GIVEN BY THE CLIENT. JAMES RARELY HAS POSITIVE FEELINGS TOWARDS WHAT IS IN THE CLIENT, BUT FREQUENTLY DISPLAYS HIS FEELINGS THAT RESULT FROM AND ARE EXPERIENCED IN THE INTERACTION. JAMES GENERALLY MIRRORS BACK TO THE CLIENT, WITHOUT ALTERING THE CONTENT OR CLARIFYING THE CONTENT, WHAT HE HAS HEARD THE CLIENT SAY.

134206

DESCRIPTIVE 34

BILL P.

BILL IS A THERAPIST WHO IS RARELY ACTIVELY INVOLVED WITH THE CLIENT IN ATTAINING THE IMMEDIATE GOALS OF THERAPY. BILL ALMOST ALWAYS RESTATES TO THE CLIENT WHAT HE HAS HEARD THE CLIENT SAY IN SUCH A MANNER THAT HE DOES NOT MODIFY OR CLARIFY THE ORIGINAL MESSAGE GIVEN BY THE CLIENT. BILL FREQUENTLY CALLS UPON HIS OWN EXPERIENCE AND KNOWLEDGE AND RELATES TO THE CLIENT ALTERNATIVE WAYS IN WHICH THE PROBLEM CAN BE SOLVED. GENERALLY BILL POINTS OUT AND CLARIFIES MISINFORMATION GIVEN BY THE CLIENT, AND GENERALLY HE TRIES TO RELATE THE REASON WHY A CLIENT IS BEHAVING IN A GIVEN MANNER. BILL GENERALLY PORTRAYS HIS FEELINGS AS THEY OCCUR IN THE THERAPY INTERACTION, BUT RARELY HAS POSITIVE FEELINGS FOR THE CLIENT AS A PERSON.

134226

DESCRIPTIVE 06

JOHN C.

JOHN, A THERAPIST WHO ALMOST ALWAYS POSSESSES AND POKTRAYS POSITIVE FEELINGS AND ATTITUDES TOWARDS HIS CLIENTS, FREQUENTLY DISPLAYS HIS FEELINGS THAT OCCUR IN THE THERAPY INTERACTION. JOHN ALMOST ALWAYS IS ACTIVELY INVOLVED WITH THE CLIENT IN SOLVING PPOBLEMS PRESENTED BY THE CLIENT. FREQUENTLY JOHN WILL RESTATE WHAT HE HAS HEARD THE CLIENT SAY WITHOUT TRYING TO ALTER THE CONTENT OF THE CLIENT'S MESSAGE. GENREALLY JOHN RELATES TO THE CLIENT THE APPARENT REASCN UNCERLYING THE CAUSE OF THE CLIENT'S FEELINGS AND BEHAVIOR. SOMETIMES JOHN POINTS OUT AND CLARIFIES MISINFORMATICN GIVEN BY THE CLIENT. JOHN ALMOST ALWAYS DRAWS UPON HIS OWN EXPERIENCE AND KNOWLEDGE IN INSTRUCTING THE CLIENT CN HOW TO SOLVE HIS PROBLEM.

134231